

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90091 018 \*\*\*158.75

<b>DOCUMENT # P06000022854</b> 1. Entity Name <b>YUK MING, INC.</b>			
Principal Place of Business <b>201 EAST PINE STREET SUITE 425 ORLANDO, FL 32801-2717</b>		Mailing Address <b>201 EAST PINE STREET SUITE 425 ORLANDO, FL 32801-2717</b>	
2. Principal Place of Business - No P.O. Box # <b>385 Commerce Way</b> Suite, Apt. #, etc.		3. Mailing Address <b>385 Commerce Way</b> Suite, Apt. #, etc.	
City & State <b>Longwood, FL</b> Zip <b>32750</b>		City & State <b>Longwood, FL</b> Zip <b>32750</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-4624695</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DULIN, RAMSEY W 201 EAST PINE STREET SUITE 425 ORLANDO, FL 32801-2717</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SCHIANO, BIAGIO</b> <b>385 COMMERCE WAY</b> <b>LONGWOOD, FL 32750</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <b>Biagio Schiano</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>1/8/07</b> Daytime Phone #: <b>4078305338</b>	