

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90239 033 ***150.00

DOCUMENT # P06000037960 1. Entity Name D AND Y RESTAURANT, INC.					
Principal Place of Business 10175 TAMiami TRAIL SUITE #1141 PUNTA GORDA, FL 33950			Mailing Address 10175 TAMiami TRAIL SUITE #1141 PUNTA GORDA, FL 33950		
2. Principal Place of Business - No P.O. Box # 14287 - 7B S Tamiami Trail		3. Mailing Address 14287 - 7B S Tamiami Trail			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State North Port, F.L.		City & State North Port, F.L.		4. FEI Number 16-1753150	
Zip 34287		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DONG, AI YU 10175 TAMiami TRAIL SUITE #1141 PUNTA GORDA, FL 33950			7. Name and Address of New Registered Agent Name CHING, CHUN YUNG Street Address (P.O. Box Number is Not Acceptable) 14287 - 7B S Tamiami Trail City North Port FL Zip Code 34287		
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 <u>Ching Chun Yung</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>April. 6.07</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONG, AI YU 10175 TAMiami TRAIL, SUITE #1141 PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHING, CHUN YUNG 14287-7B Tamiami Trail North Port FL 34287	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JEN, SHOU CHENG 10175 TAMiami TRAIL, SUITE #1141 PUNTA GORDA, FL 33950	<input checked="" 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	VD DONG, JIANG 10175 TAMiami TRAIL, SUITE #1141 PUNTA GORDA, FL 33950	<input checked="" 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	
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	
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	
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: <u>Ching Chun Yung</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>April. 6.07</u> <u>(941) 4295377</u> <small>Date Daytime Phone #</small>		