2008 FOR PROFIT CORPORATION

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SIGNATURE:

Apr 24, 2008 8:00 am Secretary of State **ANNUAL REPORT** 04-24-2008 90119 010 ***150.00 **DOCUMENT # P06000047009** ORLANDO WOK N ROLL, INCORPORATED 40000000 Principal Place of Business Mailing Address **425 S AVALON PARK BLVD** 425 S AVALON PARK BLVD ORLANDO, FL 32828 ORLANDO, FL 32828 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04182008 Chg-P City & State City & State 4. FEI Number Applied For 20-4611146 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUANG, WEN SING Street Address (P.O. Box Number is Not Acceptable) 425 S AVALON PARK BLVD ORLANDO, FL 32828 Zip Code 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 ide if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-11 PD TITLE Delete TITLE ■ Addition HUANG, WEN SING NAME NAME STREET ADDRESS 425 S AVALON PARK BLVD STREET ADDRESS ORLANDO, FL 32828 CITY-ST-ZIP CITY-ST-ZIP TITLE TD ☐ Delete ☐ Change ☐ Addition LI. HANYING NAME NAME STREET ADDRESS 425 S AVALON PARK BLVD STREET ADDRESS ORLANDO, FL 32828 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME ___ MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change -- Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 is changed, or on an attachment with an address, with all other like empowered.

ER OR DIRECTOR

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