## 2007 FOR PROFIT CORPORATION

SIGNATURE: (

URE AND TYPED OR PRINTED

IAME OF BIGNING OFFICER OR DIRECTOR

## Apr 02, 2007 8:00 am Secretary of State ANNUAL REPORT 04-02-2007 90060 007 \*\*\*150.00 DOCUMENT # P06000052402 HING SHENG, INCORPORATED Principal Place of Business Mailing Address 40048220 12410 B LAKE UNDERHILL ROAD 12410 B LAKE UNDERHILL ROAD ORLANDO, FL 32828 ORLANDO, FL 32828 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 03092007 CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 26-0115301 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUANG, WEN SING 12410 B LAKE UNDERHILL ROAD Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32828 City FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition HUANG, WEN SING NAME STREET ADDRESS 12410 B LAKE UNDERHILL ROAD STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32828 CITY-ST-ZIP TITLE STD Delete TITLE ☐ Change ☐ Addition NAME FENG, JIN MEI 12410 B LAKE UNDERHILL ROAD STREET ADDRESS STREET ADDRESS ORLANDO, FL 32828 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE []] 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 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 if changed, or on an attachment with an address, with all other like empowered.

**FILED** 

Daytime Phone #