DATE

2007	FOR PROF	IT CORPORAL REPORT	Apr 23, 2007 8:00 an Secretary of State							
DOCUMENT 1: Entity Name YUN & D, INC	# P0600010	9589			04-23-2007 90281 048 ***150.00					
Principal Place of Busines 1123 WOODCREST ROA WEST PALM BEACH, FL	D	Mailing Address 1123 WOODCREST R WEST PALM BEACH, i	OAD FL 33417	, US	40078377					
2. Principal Place of Busi	iness - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04042007 Chg-P * ; CR2E034 (12/06)					
City & State		City & State			4. FEI Number Applied For 20 - 5438291 Not Applicable					
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired					
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
REN, YUN DAN 1123 WOODCREST ROAD WEST PALM BEACH, FL 33417				Name Street Address (P.O. Box Number is Not Acceptable)						
				City	FL Zip Code					
The above named enti the obligations of regis		for the purpose of changing i	its register	ed office or register	red agent, or both, in the State of Florida. I am familiar with, and accept					

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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10. OFFICERS AND DIRECTORS			11.	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REN, YUN DAN 1123 WOODCREST ROAD WEST PALM BEACH, FL 33417	Delete	NAME STREET ADDRESS CITY-ST-ZIP			-mait	☐ Change	Addition		
THILE NAME STREET ADDRESS CITY-ST-21P		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	[] Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CIFY-SI-ZIP		-	4.6	, Change	Addition		
TITLE NAME STREET ADDRESS CITY ST 21P		☐ Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP				☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ·	TITLE NAME STREET ADDRESS CITY-SI-ZIP				☐ Change	Addition		
TIFLE NAME		☐ Delete	TITLE NAME				☐ Change	☐ Addition		

(NOTE Registered Agent signature required when reinstating)

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE.

Signature, typed or printed name of registered agent and title it applicable

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #