
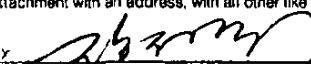


FILED
May 03, 2007 8:00 am
Secretary of State

04-18-2007 90171 019 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

| | | | |
|--|------------------|--|---------|
| DOCUMENT # P06000112802 | |  | |
| 1. Entity Name COWELL SERVICE INC. | | | |
| Principal Place of Business 17-1 E. 43rd St. Jax, FL 32208 | | Mailing Address 4401 EMERSON ST 8 JACKSONVILLE, FL 32207 | |
| 2. Principal Place of Business - No P.O. Box # 17-1 E 43rd St. | | 3. Mailing Address | |
| Suite, Apt. #, etc. Jax FL | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip 32208 | Country Duval | Zip | Country |
| 6. Name and Address of Current Registered Agent JANG, SUNG H 12061 Watch Tower Dr. Jax, FL 32258 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution | |
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | GES TO OFFICERS AND DIRECTORS IN 11 | |
| P JANG, SUNG H 12061 watch Tower Dr. Jax, FL 32258 | | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| S KIM, SO Y 4690 LEAH CREEK DR. JACKSONVILLE, FL 32257 | | <input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| V HAN, KIL D 11001 OLD ST. AUGUSTINE RD #1210 JACKSONVILLE, FL 32257 | | <input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | | <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:  | | Date: Apr. 13, 2007 Daytime Phone: 904) 424-3569 | |