FILED Jun 13, 2007 8:00 am Secretary of State

5/7/2007-9

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	ANNUA	L KEPUK I			·		05-07-20	07 90	067 044 *
1. Entity Nan									
HANSON	NS INTERNATIONAL ENTE	RPRISES, INC.							
Principal Place of Business Mailing Address .									
2405 NORTHWEST 121ST AVENUE GAINESVILLE, FL 32609		2405 NORTHWEST 121ST AVENUE GAINESVILLE, FL 32609		66018	•	DI NGCA MAKA KAMA	WPIE NEIS S		
. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			04302007	Chg-P	CR2E034	(12/06)	. a . Tua. 87
City & State		City & State		 ,	4. FEI Number	39437	ســــــــــــــــــــــــــــــــــــ	` A	polied For or Applicable
Zip Country		Zip	Zip Coun		5. Certificate of		N/ \$1	3.75 Ad a Require	ditional
6. Name and Address of Current Registered Agent]	7. Name and A	ddress of New R	egistered Age	mt	
				Name	V CHACA	,			<u>-</u> -
SPIEGEL & UTRÉRA, P.A. 1840 SW 22ND ST.				HAN CHAOQ3 Street Address (P.O. Box Number is Not Acceptable)					
4TH FLOOR				240		VEST 121	ST A	<u>(ENL</u>	<i>IE</i>
MIAMI, FL	. 33145								
				City Car	nesville		FL	Zip Coo	le,
The above	a named entity submits this statement f	or the ourness of changing it	le recister			in the State of Flo			604
	tions of registered/agent.	or the purpose of changing in	ia .ogiotori	oo onloo or roga	started byent, or com,	ar are order or rec	, rod. + (2.77 rg.)		, and accept
SIGNATURE HOM ChaoRI HAN CHAORI							04/20	1200	, ד
JOINT ONE.	Signature, typed or printed name of registered agen	and bile if applicable. (NO	IE Registered	a Agent eightfure requ	wed when newstating)		04/30 DATE	<u> </u>	
	E NOW!!! FEE IS \$150.00 by 1, 2007 Fee will be \$550.	9. Election Camp Trust Fund Cor			55.00 May Be added to Fees				_
0.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	ANGES TO OFFI	CERS AND DI	RECTOR	S IN 11
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W VE	HAN, CHAOQI	_	NAM/						
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	GAINESVICLE, FE 32609					-			
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CITY-ST- ZP

2007 FOR PROFIT CORPORATION

12. I nereby 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. HAN . Chaot . HAN . CHAOO 1 SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR 04/30/2007 SIGNATURE:

CITY-ST-ZIP