2007 FOR PROFIT CORPORATION

SIGNATURE: A

Feb 05, 2007 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # P93000035835** 02-05-2007 90087 026 ***150.00 1. Entity Name 3 6 9, INC. Principal Place of Business Mailing Address 40009751 1425 TUSCAWILLA RD. 1425 TUSCAWILLA RD. **SUITE 161 SUITE 161** WINTER SPRINGS, FL 32708 WINTER SPRINGS, FL 32708 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01022007 CR2E034 (12/06) Chg-P City & State 4. FEI Number Applied For City & State 59-3186576 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 LIN, I JAN Box Number is Not Acceptable) 1425 TUSCAWILLA RD., #61 WINTER SPRINGS, FL 32708 Zip Code **32ク***0***8** SULINGS 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 П Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. Change D ☐ Delete TITLE ■ Addition TITLE Lin, Jan I LIN JAN I NAME NAME 1425 Tuskanilla Rd Ste 161 STREET ADDRESS STREET ADDRESS 1425 TUCAWILLA RD STORE 161 CITY-ST-ZIP WINTER SPRINGS, FL CITY-ST-7IP DV Yang, Ming Hua 1425, Tuska ☐ Delete TITLE TITLE NAME YANG, MING HUA NAME Rd Ste 161 1425 TUCAWILLA RD STORE 161 STREET ADDRESS STREET ADDRESS WINTER SPRINGS, FL 32708 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

2-2007

Daytime Phone #