2005 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: <

Apr 18, 2005 08:00 AM Secretary of State DOCUMENT # P93000048946 1. Entity Name FA FA FA CORPORATION Mailing Address Principal Place of Business 4200 CONROY ROAD 4200 CONROY ROAD STE 247 STE 247 ORLANDO, FL 32839 _ US ORLANDO, FL 32839 04042005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0421862 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HU, TSAI SHUN H DO NOT WRITE 4200 CONROY ROAD ORLANDO, FL 32839 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) U00000313257 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 04/18/05-80118-001 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ŊΡ TITLE HU, TSAI SHUN NAME 4200 CONROY ROAD, STE 247 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32839 D TITLE WONG, REN CHEN NAME 4200 CONROY ROAD, STE 247 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32839 TITLE WANG, TUNG FU NAME STREET ADDRESS 4200 CONROY ROAD, STE 247 DO NOT WRITE ORLANDO, FL 32839 CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME. STREET ADDRESS CITY-ST-ZIP TITLE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or an attachment with an address, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

FILED