


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000048946**

1. Entity Name  
**FA FA FA CORPORATION**



Principal Place of Business <b>4200 CONROY ROAD          STE 247          ORLANDO, FL 32839 US</b>	Mailing Address <b>4200 CONROY ROAD          STE 247          ORLANDO, FL 32839 US</b>
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02072006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0421862</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HU, TSAI SHUN H  
 4200 CONROY ROAD  
 ORLANDO, FL 32839**

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HU, TSAI SHUN 4200 CONROY ROAD, STE 247 ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WONG, REN CHEN 4200 CONROY ROAD, STE 247 ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WANG, TUNG FU 4200 CONROY ROAD, STE 247 ORLANDO, FL 32839
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 02/27/06-80001-004 150.00

**DO NOT WRITE IN THIS SPACE**

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: X [Signature] \_\_\_\_\_ Date: 2/10/06 \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR