2005 FOR PROFIT CORPORATION

Apr 22, 2005 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P9400003090 04-22-2005 90261 024 ***150.00 1. Entity Name WING HUA CORPORATION Principal Place of Business Mailing Address 7400 SOUTHLAND BLVD, SUITE 116 1221 EAST ROBINSON STREET ORLANDO, FL 32809 ORLANDO, FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04072005 Chg-P CR2E034 (10/03) City & State City & State 4 FEI Number Applied For 59-3219531 Not Applicable Zip Country Country Zip \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YIM, YIK HUA Street Address (P.O. Box Number is Not Acceptable) 7400 SOUTHLAND BLVD, SUITE 116 ORLANDO, FL 32809 City 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. п Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PΠ ☐ Addition Delete TETLE Change YIM, YIK HUA NAME NAME STREET ADDRESS 7400 SOUTHLAND BLVD, SUITE 116 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32809 CITY-ST-ZIP VD ☐ Change TITLE ☐ Delete TITLE ■ Addition YIM, PIŃG NAME NAME STREET ADDRESS 7400 SOUTHLAND BLVD, SUITE 116 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32809 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Oelete ☐ Change ■ Addition TITLE TITLE NAME NAUF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME

12. 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 effectives 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME

FILED