


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90571 003 ***150.00

DOCUMENT # P94000026492	
1. Entity Name SHING-WAY, INC.	

Principal Place of Business 2510-B MCMULLEN BOOTH RD CLEARWATER, FL 33761 US	Mailing Address 2510-B MCMULLEN BOOTH RD CLEARWATER, FL 33761 US
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2. Principal Place of Business 607 Del Sol Ct Suite, Apt. #, etc.	3. Mailing Address 607 Del Sol Ct Suite, Apt. #, etc.
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City & State Safety Harbor, FL	City & State Safety Harbor, FL
Zip 34695	Zip 34695
Country USA	Country USA



04122004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent YEH, JUN MEI 607 Del Sol Ct. Safety Harbor, FL 34695		7. Name and Address of New Registered Agent Name YEH, JUN MEI Street Address (P.O. Box Number is Not Acceptable) 607 Del Sol Ct. City Safety Harbor FL Zip Code 34695	
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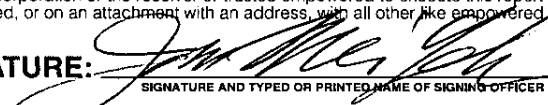
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete YEH, JUN MEI 2510-B MCMULLEN BOOTH RD CLEARWATER, FL 33761	TITLE NAME STREET ADDRESS CITY-ST-ZIP	YEH, JUN MEI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 607 Del Sol Ct. Safety Harbor, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:  **YEH, JUN MEI** **4/22/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #