FILED May 01, 2003 8:00 am Secretary of State 05-01-2003 90997 013 ***150.00 **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

1. Entity Name KUNG FU HOUSE INC.					05-01-2003 90997 013 ***150.00			
Principal Place of Business 2946 SMITHFIELD DRIVE ORLANDO FL 32837 US		Mailing Address 2946 SMITHFIELD DRIVE ORLANDO FL 32837 US						
	Place of Business 2-Into Bronson HWU	3. Mailing Address 2946 Smithfill Drive			/#887	H IBIIK ELERI HERI	HUH 60H 1861	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & Stat	nmet, t	ORLANI) O. FL 32837		4. FEI Num			oplied For ot Applicable	
Zip 3 US	37 Country Osceola	32837	Country Orange		te of Status Desired	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent				
FOUST, KATHLEEN M 17 S ORLANDO AVE				Street Address (P.O. Box Number is Not Acceptable)				
KISSIMMEE FL 34741								
2				FL Zip Code				
8. The above the obligat	named entity submits this statement for tions of registered agent		registered office or regi		,	familiar with, $4-03$	and accept	
` After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of S	state			Election Campaign Financing rust Fund Contribution.	\$5.0 Added	0 May Be I to Fees	
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS	S/CHANGES TO OFFICERS AN	D DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AU-YANG, SHINSIN 2946 SMITHFIELD DR ORLANDO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TSANG, TIN LUNG 2946 SMITHFIELD DR. ORLANDO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	- TITLE NAME STREET ADDRESS CITY-SI-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
12. I hereby of indicated	ertify that the information supplied with the on this report or supplemental report is true.	is filing does not qualify for ue and accurate and that m	the exemption stated in y signature shall have t	Section 119,07(3 he same legal effe)(i), Florida Statutes. I further ceed as if made under oath; that I	ertify that the in am an officer	formation 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:

Shangat Deverequire SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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DOCUMENT #