2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Apr 18, 2007 8:00 am Secretary of State DOCUMENT # P95000059296 1. Entity Name 04-18-2007 90179 022 ***150.00 PENYUN ENTERPRISES, INC. Principal Place of Business Mailing Address 88 WOODSIDE DRIVE PO BOX 6773 LAKELAND FL 33807-6773 LAKELAND FL 33813 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2951 LAKE TOHOPEKALIGA RLVD 2951 LAKE TOHOPEKALIGA Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number 59-3329995 City & State City & State Applied For FLORIDA FLORIDA KISSIMMETE Not Applicable KISSIMMEE \$8.75 Additional 5. Certificate of Status Desired 21.5 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HONG, YUN 88 WOODSIDE DRIVE Street Address (P.O. Box Number is Not Acceptable) 2951 LAKE TOHOPEKALI CA LAKELAND FL 33813 City KISSIMMEE 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. YUN HONG SIGNATURE Signature, Noved or (NOTE: Registered Agent signature required when reinstating) plicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. ши TITLE ☐ Dolete HONE, YUN HONG, YUN NAMI: NAM! 2951 LAKE TOHOPEKALIGA BLYD KIESIMMEE, FL 34746 88 WOODSIDE-DRIVE-STRLET ADDRESS STREET ADDRESS LAKELAND FL 33813-CHY-SI-7P CITY-ST-ZIP Delete HHU TITLE ☐ Addition NAME NAM STREET ADDRESS STREET ADDRESS CHY-SI-7IP CITY-ST-ZIP THE TITLE Delete ☐ Channe ☐ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP Delete HIRE ☐ Change ☐ Addition NAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete IIII Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7IP CITY-ST-ZIP TITLE □ Defete DILLE ☐ Change ☐ Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY SI-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

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