2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 08, 2006 8:00 am Secretary of State DOCUMENT # P95000059724 05-08-2006 90298 027 ***150.00 1. Entity Name WONG AND YUNG INC. Principal Place of Business Mailing Address 1011 N. STATE ROAD 7 1011 N. STATE ROAD 7 MARGATE, FL 33063 MARGATE, FL 33063 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03312006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0605483 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHEN. MEI- HUA YUNG, HUI-ENE Street Address (P.O. Box Number is Not Acceptable) 1011 N. STATE ROAD 7 MARGATE, FL 33063 3760 NE 8TH AVE Zip Code 2333 4 DAKLAND 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE Change ☐ Addition TITLE CHUA CHEN, MEI NAME CHEN, MEI-HUA NAME STREET ADDRESS STREET ADDRESS 3760 NE 8TH AVE #F C(TY-ST-ZIP OAKLAND PARK, FL 33334 CITY-ST-7IP ☐ Delete TITLE Change Addition TITLE WONG, JOE NAME NAME 2665 WIMBLEDON POINT DR STREET ADDRESS STREET ADDRESS VIRGINIA BEACH, VA 23454 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP 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.

FILED

SIGNATURE: NG OFFICER OR DIRECTOR Date Daytime Phone #