2001 UNIFORM BUSINESS REPORT (UBR)

May 16, 2001 8:00 am Secretary of State DOCUMENT # P95000060209 1. Entity Name 05-16-2001 90027 042 ***150.00 NEIHU INVESTMENTS, INC. Principal Place of Business Mailing Address 5901 SUN BLVD 5901 SUN BLVD 550559 SUITE 202 SUITE #202 ST PETERSBURG FL 33715 ST. PETERSBURG FL 33715 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3329127 Not Applicable Zip Zip Country Country \$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 BERGER, MIRIAM Street Address (P.O. Box Number is Not Acceptable) 5901 SUN BLVD #202 ST PETERSBURG FL 33715 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. SIGNATURE Signature, typed or printed note of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE Delete TITLE NAME LING, CHUNG M NAME STREET ADDRESS 5901 SUN BLVD. #202 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE LING, AMY H NAME NAME STREET ADDRESS 5901 SUN BLVD. #202 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL TITLE ☐ Change ☐ Addition TITI F ☐ Delete NAMÈ 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 TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. CHONG-MEI LING) April 30, 200 Dector Date Dayline SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP