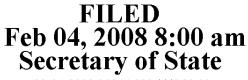
## 2008 FOR PROFIT CORPORATION



Company   Control   Cont	ANNOAL REPORT					Secretary of State			
Main	1. Entity Name								
101 SIPER MALIL WAY   SWATER	Principal Place of Punisper								
Suite, Apt. # etc.   Spire,	1101 SUPER MALL WAY SUPER MALL STE 1028FC10		% WATHEN 11804 N 56TH STREET			I	1111 <b>83</b> 110 <b>8</b> 1111 68113 11111 18818		
City & State	2. Principal F	lace of Business - No P.O. Box #	CLO MARTIN WATHEN						
Tip MP   County   33646 - oil 14   County   33646 - oil 14   County   33646 - oil 14   County   Coun	·		P.O. BOX 47597					<u> </u>	
S. Name and Address of Current Registered Agent  VLJ TUNG HUI 3421 NORTH LAKEVIEW DRIVE TAMPA, FL 33018  Siteet Address (P.O. Box Number is Not Acceptable)  City  FL Zio Code  City  City  FL Zio Code  City  FL Zio Code  City  FL Zio Code  City  City  FL Zio Code  City  City  FL Zio Code  Code  Code  City  City  City  FL Zio Code  Code  Code  City			TAMPA, FL					ot Applicable	
Man-re    Man-re    Man-re    Man-re    Street Address (P.O. Box Number is Not Accaptable)	Zip		33646-0114				Fee Requi		
NUT TUNCS HU   3618		6. Name and Address of Current I	Registered Agent		7. Name and	Address of New I	Registered Agent		
SITEST ADDRESS OFFICERS AND DIRECTORS  1. TAMPA, FL 33618  Signature, typed or permeture of implument any management for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept two obligations of registered agent.  SIGNATURE  SIGNAT	NAME TURK	S LII N		Name	Name				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Symular, lipid or primary size of registered agent are state of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature, lipid or primary size of registered agent are state. I approach   International primary size of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. In an familiar with, and accept the proper of the florida of the state of F	3421 NORTH LAKEVIEW DRIVE			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
8. The above named entry submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signature inpedio or creatures are or registered agent are titled agent.	774111 74, 12 33313								
SIGNATURE    Signature   Signa	•			City	City FL   Zip Code				
### Part									
### FILE NOWILI FEE IS \$150.00 ### Added to Fees   11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   1.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   Addition   AMAE   A									
### After May 1, 208 Fee will be \$550.00    10.	Signature, typed or phrield name of registured agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP STRE	LIFE HOSSIN LEE 19 \$190:00								
NAME SIRRET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS	I /CHANGES TO OF!	FICERS AND DIRECTO	RS IN 11	
STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33618  TILE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	D	☐ Delete	TITLE			☐ Change	☐ Addition	
CITY-ST-ZIP TAMPA, FL 33618  TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME			NAME					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<b>I</b>				İ	
NAME STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33618  TITLE NAME STREET ADDRESS CITY-ST-ZIP									
STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33618  TITLE NAME STREET ADGRESS CITY-ST-ZIP TITLE NAME STREET ADGRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		- Beite					☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADGRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			· · · -						
NAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP				I .					
NAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE			☐ Change	Addition	
CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME			NAME					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			ì	<b>I</b>					
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP									
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE OLITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE OLITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE OLITY-ST-ZIP			☐ Delete	<b>I</b>			Change	☐ Addition	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP				<b>I</b>					
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TOTALE STREET ADDRESS CITY-ST-ZIP  TOTALE STREET ADDRESS CITY-ST-ZIP  TOTALE STREET ADDRESS CITY-ST-ZIP  TOTALE STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP  TITLE Delote TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE			☐ Change	Addition	
CITY-ST-ZIP  TITLE Delote TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP			4	1					
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP				i					
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP			1	I .					
· ·				ł ·					
		ertify that the information supplied with	this filing does not qualify for the		itained in Chanter 11	9. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

YOLANDA WU Secretary

Date

1/28/08 Dayuma Phone #