

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000072526		
1. Entity Name FENG SHUI, INC.		
Principal Place of Business 2655 LEJEUNE ROAD PENTHOUSE 2 CORAL GABLES, FL 33134		Mailing Address 2655 LEJEUNE ROAD PENTHOUSE 2 CORAL GABLES, FL 33134
DO NOT WRITE IN THIS SPACE		
		 05012006 No Chg-P CR2E034 (11/05)
4. FEI Number 65-0702194		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DAVIS, WILLIAM C III 2655 LEJEUNE ROAD PENTHOUSE 2 CORAL GABLES, FL 33134		
		DO NOT WRITE IN THIS SPACE
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.		
SIGNATURE _____ Signature typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DAVIS, WILLIAM C III 2655 LEJEUNE ROAD PENTHOUSE 2 CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GUEL BENZU-DAVIS, ILEANA 2655 LEJEUNE ROAD PENTHOUSE 2 CORAL GABLES, FL 33134	
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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.		
SIGNATURE:  WILLIAM C. DAVIS, III SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		5-1-06 (305) 267-8000 Date Daytime Phone #