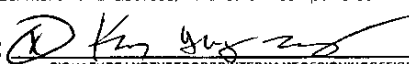


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90015 041 ***150.00

DOCUMENT# P95000078904 1. EntityName TONG'SCHINESEBARBECUE,INCORPORATED					
PrincipalPlaceofBusiness 6227 INTERNATIONAL DRIVE ORLANDO, FL 32819			MailingAddress 6227 INTERNATIONAL DRIVE ORLANDO, FL 32819		
2. PrincipalPlaceofBusiness Suite,Apt.#,etc. 			3. MailingAddress Suite,Apt.#,etc. 		
City&State 			City&State 		
Zip 		Country 		Zip 	
Country 		Country 		4. FEINumber 59-3339643	
5. CertificateofStatusDesired ☐				\$8.75 Additional FeeRequired	
6. NameandAddressofCurrentRegisteredAgent TONG,KAMY 6227INTERNATIONALDRIVE ORLANDO,FL32819				7. NameandAddressofNewRegisteredAgent Name StreetAddress (P.O.BoxNumberisNotAcceptable) City FL ZipCode	
8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,inthestateofFlorida.Iamfamiliarwith,andaccepttheobligationsofregisteredagent. SIGNATURE _____ (NOTE:RegisteredAgentsignatureisrequiredwhenreinstating) Signature,typedorprintednameofregisteredagentandtitleifapplicable. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. ElectionCampaignFinancing TrustFundContribution. ☐		\$5.00 MayBe AddedtoFees	
10. OFFICERSANDDIRECTORS			11. ADDITIONS/CHANGESTOOFFICERSANDDIRECTORSIN11		
TITLE NAME STREETADDRESS CITY-ST-ZIP	PD TONG,KAMY 6227INTERNATIONALDRIVE ORLANDO,FL32807 ☐ Delete		TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. Iherebycertifythattheinformationsuppliedwiththis filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath,thatIamanofficerordirector ofthecorporationorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter607,FloridaStatutes;and thatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwith anaddress,withallotherlikeempowered					
SIGNATURE: 			3-7-2006 . 407-351-9818		
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR			Date DaytimePhone#		