2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 26, 2006 8:00 am Secretary of State DOCUMENT # P95000084750 1. Entity Name 04-26-2006 90195 038 ***150.00 YANG'S BROTHERS, INC. Principal Place of Business Mailing Address 1800 PALM BEACH LAKES BLVD. 1800 PALM BEACH LAKES BLVD. W PALM BEACH, FL 33401 W PALM BEACH, FL 33401 2. Principal Place of Business 3. Mailing Address 4270 OKEECHOBEE BLVD 4270 OKEECHOBEE BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. 03312006 Chg-P CR2E034 (11/05) City & State City & State 4 EEI Number Applied For WEST PALM BEACH, FL WEST PALM BEACH, FL 65-0617757 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33409 33409 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YANG, AI FA YANG, MING H Street Address (P.O. Box Number is Not Acceptable) 1800 PALM BEACH LAKES BLVD. W PALM BEACH, FL 33401 4270 OKEECHOBEE BLVD Zip Code 33409 WEST PALM BEACH 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. 4/23/06 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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. TITLE X Delete TITLE ☐ Change ☐ Addition YU, CHAN FEN NAME NAME 1800 PALM BEACH LAKES BLVD. STREET ADDRESS STREET ADDRESS W PALM BEACH, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME YANG, AI FA 4270 OKEECHOBEE BLVD STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL 33409 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ 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-7IP CITY-ST-ZIP Delete TITLE TITI F ☐ Channe ☐ Addition 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

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.

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information

SIGNATURE: TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/23/06

Date Daytime Phone #

FILED