2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

Secretary of State DOCUMENT # P9600008107 03-24-2006 90032 046 ***150.00 WOO SUNG CORPORATION Principal Place of Business Mailing Address yuv-**5065 EDGEWATER DRIVE 5065 EDGEWATER DRIVE** ORLANDO, FL 32810 ORLANDO, FL 32810 2. Principal Place of Business 3. Mailing Address 5079 Edgewater 5019 Edgewate Suite, Apt. #, etc. Suite, Apt. #, etc Chg-P 02062006 CR2E034 (11/05) City & State 4. FEI Number Applied For City & State ~ d. 7! 59-3362826 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32810 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name moon ア. OMBRES, ALEXANDER J Street Address (P.O. Box Number is Not Acceptable) 801 NORTH MAGNOLIA AVENUE SUITE 201 Edgewater ORLANDO, FL Zip Code 32810 City Orlando 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. 2-10-06 13 Our moon (NOTE: Registered Agent aigniture required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Defete TITLE Change Addition TITLE MOON, BONG R HALE STREET ADDRESS 2042 HEATHEROAK DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOPKA, FL 32703 Change Addition 3.1111 ☐ Detete TITLE NAME MOON, SUNG J NAME STREET ADDRESS 5065 EDGEWATER DR STREET ADDRESS CHY-ST-ZP ORLANDO, FL 32810 CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME WOO SOON W NAME STREET ADDRESS STREET ADDRESS 2042 HEATHEROAK DRIVE CITY-ST-7/P CITY-ST-ZIP APOPKA, FL 32703 ☐ Change ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TETL F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Accition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

Mar 24, 2006 8:00 am