2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 03, 2006 08:00 AM **Secretary of State** DOCUMENT # P96000011138 1. Entity Name CHUN CHING, INC. Mailing Address Principal Place of Business 2222 NW 6TH STREET 2222 NW 6TH STREET GAINESVILLE, FL 32609 GAINESVILLE, FL 32609 No Chg-P CR2E034 (11/05) 01232006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3355856 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE YANG, YU 2222 NW 6TH STREET GAINESVILLE, FL 32609 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. 1 am familiar with, and accept the obligations of registered agent. (NOTE Registered Agent signature required when rainstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 717) F YANG, YU NAME STREET ADDRESS 2222 NW 6TH STREET 1100000420723 GAINESVILLE, FL 32609 CITY-ST-ZIP 02/16/06-90009-003 150.00 TITLE HAN, ERIC NAME 2222 NW 6TH STREET STREET ADORESS CITY-ST-ZIP GAINESVILLE, FL 32609 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITCE NAME STREET ADDRESS CHY-ST-ZOP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP

12. Thereby 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 of suppliemental 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 artisolarity with all other like empowered.

IGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATUR

FILED