## 2006 FOR PROFIT CORPORATION

SIGNATURE:

## **FILED**

Date

	ANNUAL	KEPUKI		_ Apr 24, 2006 08:00 A	1
1. Entity Nam	MENT # P960000162 Ding, Inc.	293		Secretary of State	
i '	e of Business Y CREEK ROAD L 32824 US	Mailing Address 8909 TURNBERRY COURT ORLANDO, FL 32819 US			
	A shake the state of the state			02282006 No Chg-P CR2E034 (11/05)	!
	O NOT WRITE	IN THIS SPA	CE	4. FEI Number Applied Fo 59-3361125 Not Applied	
				5. Certificate of Status Desired Fee Required	
	6. Name and Address of Current R	egistered Agent	CHI MINISTER CONTRACTOR		
TSAI, YINKI 8909 TURNBERRY COURT ORLANDO, FL 32819			to the second se	DO NOT WRITE IN THIS SPACE	
8. The above the obligat SIGNATURE	ered agent, or both, in the State of Florida. I am familiar with, and accompany the state of Florida. I am familiar with, and accompany the state of Florida. I am familiar with, and accompany the state of Florida. I am familiar with, and accompany the state of Florida. I am familiar with, and accompany the state of Florida. I am familiar with, and accompany the state of Florida. I am familiar with, and accompany the state of Florida. I am familiar with, and accompany the state of Florida. I am familiar with, and accompany the state of Florida. I am familiar with, and accompany the state of Florida. I am familiar with, and accompany the state of Florida. I am familiar with, and accompany the state of Florida.	ept			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees					<u>-</u>
10.  THLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND D TSAI, YINKI 8909 TURNBERRY COURT ORLANDO, FL 32819	IRECTORS		000000527242° -05/04/06-60107-009 <b>150.</b> 00	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEN, ELISA 8909 TURNBERRY COURT ORLANDO, FL 32819				
HAME STREET ADDRESS CITY-ST-2IP	AME REET ADDRESS TY-ST-ZIP			DO NOT WRITE	81.34 1.25 1.25 1.25 1.25 1.25 1.25 1.25 1.25
NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP			ر مستور در در استور در		を の の の の の の の の の の の の の
TITLE NAME STREET ADDRESS CITY-ST-ZIP			The state of the s		
i of the coi	certify that the Information supplied with t on this report or supplemental report is I proration or the receiver or trustee empor, or on an attachment with an address, wi	veced to execute tills tebout as teda	temptions contained ature shall have the ired by Chapter 607	ed in Chapter 119, Florida Statutes. I further certify that the informatic e same legal effect as if made under oath; that I am an officer or director, Florida Statutes; and that my name appears in Block 10 or Block 1	on tor 1 if