

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000022109

1. Entity Name
NEW CHUNG-YAT CORPORATION



**FILED
Apr 12, 2006 8:00 am
Secretary of State**

04-12-2006 90077 010 ***150.00

Principal Place of Business
5110 NORMANDY BOULEVARD
JACKSONVILLE, FL 32205

Mailing Address

5110 NORMANDY BOULEVARD
JACKSONVILLE, FL 32205

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

03292006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3366205

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NG, KWOK SHING
5110 NORMANDY BOULEVARD
JACKSONVILLE, FL 32205

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: VP
NAME: HO, FUNG Y
STREET ADDRESS: 5110 NORMANDY BLVD.
CITY-ST-ZIP: JACKSONVILLE, FL 32205

Delete

TITLE: P
NAME: NG KWOK, SHING
STREET ADDRESS: 5110 NORMANDY BLVD.
CITY-ST-ZIP: JACKSONVILLE, FL 32205

Delete

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

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CITY-ST-ZIP: Delete

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TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Change Addition
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NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #