2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 27, 2006 08:00 AN **Secretary of State** DØCUMENT # P96000051762 1. Entity Name FAR EAST COMPONENTS, INC. Principal Place of Business Mailing Address 7656 BYRON DR. 7656 BYRON DR. STE. B9 STE. B9 WEST PALM BEACH, FL 33404 WEST PALM BEACH, FL 33404 01042006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0680443 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PHAM, HAI V DO NOT WRITE 7656 BYRON DR. STE, B9 IN THIS SPACE WEST PALM BEACH, FL 33404 3. 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10, OFFICERS AND DIRECTORS TITLE NAME PHAM, HAIV STREET ADDRESS 7656 BYRON DR., STE. B9 CITY-ST-ZIP WEST, PALM BEACH, FL 33404 U00000539653 05/09/06-80107-011 150.00 TITLE PHAM, TAM T STREET ADDRESS 7656 BYRON DR., STE. B9 CITY-ST-ZIP WEST PALM BEACH, FL 33404 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS

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 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 regioner or trustee empoward 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 attachn

SIGNATURE:

CITY - ST - ZiP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR