## 2006 FOR PROFIT CORPORATION

## **FILED** Anr 17, 2006 08:00 AM

ANNUAL REPORT					Secretary of State			
1. Entity Nar	MENT #P97000022			Secre	cui y	oi State		
Principal Place	ce of Business JPS HWY.	Mailing Address 9446 PHILLIPS HWY.						
SUITE 8 JACKSONVIL	LE, FL 32256 US	SUITE 8 JACKSONVILLE, FL 32256	US	s spinicipus di	. <i>(4:1) 188</i> 1: 881: 881: 881:	TT William was and 11864.	19tr 1988 3 (1/99) 21 FP8/	
				04122006	No Chg-P	CR2E034	(11/05)	
	OO NOT WRITE	IN THIS SPA	CE	4. FEI Numbe 59-342			Applied For Not Applicable	
					of Status Desired		.75 Additional	
	5. Name and Address of Current Reg	istered Agent	1	<u>L</u>			, roquitate	
	NG-PO LIPS HWY # 8 NMLLE, FL 32256		14	NOT W	111 1010 111	arangan 1994 (1994) 1994 (1994) 1994 (1994)		
					in in the second of the second			
8. The above the obliga-	e named entity submits this statement for the tions of registered agent.	purpose of changing its registe	red office or registere	ed agent, or bot	h, in the State of Flo	rida. I <b>a</b> m tam	lliar with, and accep-	
SIGNATURE.	Signature, typed or printed name of registered agent and in	To I sericely. (BVTC: December 1	red Agent signature required	uban sanatang)		DATE		
FILE NOWILL FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  Struct Fund Contribution			ancing _ \$5.	00 May Be	Unnonn 04/29/06-	511345	9 150.00	
10.	OFFICERS AND DIR	ECTORS [						
TITLE	DPS			, , ,		:' 'e		
NAME STREET ADDRESS City-ST-ZIP	KUNG-PO YEN 9446 PHILIPS HWY #8 JACKSONVILLE, FL 32256		ra Valat iya ga			មារ មេខាស ស្រាក់ មេលារ ព្រះក្រុម	adoles III deserviz 1711-1717 - 2014 1811-1817	
TITLE NAME	DTV YEN, KUNG-TI					 julinga,		
STREET ADDRESS CITY-ST-ZIP	9446 PHILIPS HWY # 8 JAX, FL 32256		4000000	· · · · · · · · · · · · · · · · · · ·				
TITLE NAME								
STREET ADDRESS City-St-Zip				DO	NOT W	RITE		
TITLE NAME				IN 1	THIS SP	ACE		
STREET ADDRESS City-St-Zip			n h.				eri Sector	
TITLE NAME								

12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida, Statutes. I further certify that the information indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 chapter 107, Florida Statutes.

SIGNATURE: \_\_

STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS.

SIGNATURE AND TYPED OR PAUTED NAME OF SIGNING OFFICER OR DIRECTOR

KUNG-PO YEN

041406 9042605571