2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

FILED Jul 22, 2004 8:00 am Secretary of State

07-22-2004 90004 003 ***150.00

Davime Prone #

DOCUMENT # P97000037995 CHANG & CHEN, INC. Principal Place of Business Mailing Address 54064398 12189 U.S. HIGHWAY 1 12189 U.S. HIGHWAY 1 SUITE 34 SUITE 34 NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408 2. Principal Place of Business 3. Mailing Address 100 BAY COLONY DRIVE N. 100 BAY COLONY DRIVE N. Suite, Apt. #, etc. Suite, Apt. #, etc. 04052004 Chq-P CR2E034 (10/03) #111 #111 4. FEI Number Applied For 65-0749083 JUNO BEACH, JUNO BEACH, Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33408 33408 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHANG, LIANG-GEN Street Address (P.O. Box Number is Not Acceptable) 12189 U.S. HIGHWAY 1 100 BAY COLONY DRIVE NORTH #111 SUITE 34 NORTH PALM BEACH, FL 33408 Zip Code **33308** JUNO BEACH 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TIFLE Delete Addition CHANG, LIANG-GEN NAME NAME 12189 U.S. HIGHWAY 1, SUITE 34 STREET ADDRESS STREET ADDRESS 100 BAY COLONY DRIVE N., #111 NORTH PALM BEACH, FL 33408 CITY-ST-ZIP CITY-ST-7IP JUNO BEACH, FL 33408 Change Delete TITLE ☐ Addition THILE CHEN, YU-KUEI NAME NAME STREET ADDRESS 12189 U.S. HIGHWAY 1, SUITE 34 STREET ADDRESS 100 BAY COLONY DIRVE N., #111 NORTH PALM BEACH, FL 33408 CITY-ST-ZIP JUNO BEACH, FL 33408 TITLE TITLE Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change □ Addilion TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Delete TITLE Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-7IP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR