



2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000043673 1. Entity Name CHOU'S DYNASTY INC.				<div style="transform: rotate(-15deg);"> FILED 04 JUL 21 PM 5:14 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 3507 MACLAY BLVD SOUTH TALLAHASSEE, FL 32308 US		Mailing Address 3507 MACLAY BLVD SOUTH TALLAHASSEE, FL 32308			
2. Principal Place of Business Suite, Apt. #, etc. 34745 EMERALD COAST PKWY		3. Mailing Address Suite, Apt. #, etc. 34745 EMERALD COAST PKWY			
City & State Destin FL		City & State Destin FL			
Zip 32541		Country US		4. FEI Number 59-3485641	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent CHOU, ANNIE 1348 RACHEL LN W TALLAHASSEE, FL 32308			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 34745 EMERALD COAST PKWY City Destin FL Zip Code 32541		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHOU, ANNIE C 1348 RACHEL LN W TALLAHASSEE, FL 32308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	34745 EMERALD COAST PKWY Destin FL 32541	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHOU, CHINMIN 1348 RACHEL LN W TALLAHASSEE, FL 32308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	34745 EMERALD COAST PKWY Destin FL 32541	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<div style="text-align: center;"> 500039731745 07/30/04--01050--013 **150.00 </div>					
12. I hereby certify that the information supplied with this filing 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.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					