2006 FOR PROFIT CORPORATION ANNUAL REPORT

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MATURE AND TYPED OR PRINTED NAME OF SIGN

SIGNATURE:

Apr 19, 2006 8:00 am Secretary of State DOCUMENT # P97000107139 04-19-2006 90105 021 ***150.00 1. Entity Name FARM, OH SUNG GROUP, INC. Principal Place of Business Mailing Address 50013606 **4004 SIOUX CIRCLE** 4401 EMERSON ST JACKSONVILLE, FL 32259 STF R JACKSONVILLE, FL 32207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04072006 Chq-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-3491484 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAN, SARA 4401 EMERSON ST. Street Address (P.O. Box Number is Not Acceptable) STF 8 JACKSONVILLE, FL 32207 City 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 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPST TITLE DPSI ☐ Delete TITLE Change ☐ Addition Ha. BY Eong S. HA, BYEONG S NAME NAME STREET ADDRESS 4004 SIOUX CIRCLE Foxcraft St STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32259 CITY-ST-ZIP Augustin TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-\$1-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 chapter 607, Florida Statutes.

FILED

Daytime Phone #