2008 FOR PROFIT CORPORATION

Apr 29, 2008 8:00 am Secretary of State ANNUAL REPORT 04-29-2008 90085 004 ***150.00 DOCUMENT # P98000024715 1. Entity Name ASIAN CENTURY INTERNATIONAL, INC. գրրսսս - -Principal Place of Business Mailing Address 2400 W. CYPRESS CREEK 2400 W. CYPRESS CREEK SUITE 202 SUITE 202 FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 2. Principal Place of Business - No P.O. Box # 11133 N.W. 2nd Ct 3. Mailing Address 11133 N.W. 2nd Court Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (12/06) 04092008 Applied For City & State City & State 4. FEI Number Coral Springs, Fl. Coral Springs, Fl 65-0827982 Not Applicable Country Broward Country 33071 \$8.75 Additional 5. Certificate of Status Desired Broward Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Chang, Theresa C. CHANG, THERESA C Street Address (P.O. Box Number is Not Acceptable) 2400 W. CYPRESS CREEK ROAD, #202 FORT LAUDERDALE, FL 33309 11133 N.W. 2nd Ct City Coral Springs, 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. 4/24/08 Signalure, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE ☐ Addition TITLE Change NAME CHANG, THERESA C NAME STREET ADDRESS 11133 NW 2 CT STREET ADDRESS CORAL SPRINGS, FL 33071 CITY-ST-ZIP CITY-ST-7IP HILE □ Delete TITLE Channe ☐ Addition CHANG, ANTHONY STREET ADORESS 11133 NW 2ND CT. STREET ADDRESS CORAL SPRINGS, FL 33071 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-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME

12. I hereby 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 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 withness with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Anthony Chang

FILED