. 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 15, 2006 08:00 AM **Secretary of State** DOCUMENT # P98000045337 FAR EAST GOURMET, INC. Principal Place of Business Mailing Address 421 CLEVELAND ST **421 CLEVELAND ST** CLEARWATER, FL 33755 CLEARWATER, FL 33755 02122006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3512052 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LAI, YUMIKO C DO NOT WRITE 421 CLEVELAND ST CLEARIWATER, FL 33755 IN THIS SPACE 3. 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 signifiant required when constating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE LAI, YUMIKO NAME STREET ADDRESS **421 CLEVELAND ST** CITY-ST-ZIP CLEARWATER, FL 33755 U00000435463 02/25/06-80042-022 150.00 रातर NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ACCRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS CITY-ST-ZIP

2/13/06 (727/449-1288 Oate Oayuma Phone 8

FILED