2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 02, 2008 8:00 am Secretary of State 04-02-2008 90028 009 ***150.00 **DOCUMENT # P98000081738** LUCKY TIGER ENTERPRISES, INC. 40001 ** Principal Place of Business Mailing Address 4703 FISKE CIR. 4703 FISKE CIR. ORLANDO, FL 32826 #112 ORLANDO, FL 32826 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 08 W. BEAS 108 W. BEASLEY RD Suite, Apt. #, etc 02162008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For OVIEDO OVIEDO 59-3532064 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired 32765 - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAUNG THEIN, MAUNG Street Address (P.O. Box Number is Not Acceptable) 4041 LAKELAND CIR. WINTER HAVEN, FL 33884 BEASLEY (08 W. RD Zip Code 3≥765 OVIEDO 8. The above named entity submits this ste port 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. MAUNG M. THEIN 80.9.60 Apret and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. MA, KAY ZIN 108 W. BEASLEY RD 108 FL 3>765 ΠP Change 🗭 Delete TITLE Addition THEIN, MAUNG NAME. -NAME STREET: ADDRESS 4033 LAKENED CIRCLE STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33884 CITY-ST-ZIP TITLEY' Delete TITLE **Change** ■ Addition THEIN, MAUNG M. 108 W. BEASLEY RD DVIEDO, FL 32765 NAME -MA, KAY-ZIN O NAME STREET ADDRESS 5168 LOMA VISTA CIR., APT #12 STREET ADDRESS OVIEDO, CITY-ST-ZIP **OVIEDO, FL 32765** CITY-ST-7IP TITLE Defete 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-7IP TITLE Oelete TITLE ☐ Channe 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 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 goods 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 employered 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.

MALLNG.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

FILED

Daytime Phone #