2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2007 8:00 am Secretary of State

DOCUMENT # P98000107356 1. Entity Name KEEN PERCEPTION INDUSTRIES INC.					04-02-2007 90090 009 ***150.00				
Principal Place of Business		Mailing Address		-	73	002.	-		
8430 NW 68 ST #1 MIAMI, FL 33166 6950 CYPRESS RD # 208-15		8430 NW 60 ST #1 MIAMI, FL 33166 69.50 CYPRESS RD # 208-15							
6950 CYPRESS RD # 208-15 PLANTATION, FL 33317 2. Principal Place of Business - No P.O. Box #		PLANTATION FL 33317 3. Mailing Address							
						JJ 08:01 11.0% 005(1 11	1889 HIBI BIILD BII	1001 11 1001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03192007	Chg-P	CR2E	034 (12/06)	
City & State		City & State			4. FEI Numbe 65-088		· · ·	} _ { _ `	plied For t Applicable
Zip	Country	Zip	Country			of Status Desire	ed []	\$8.75 Add	itional
	6. Name and Address of Current I	Registered Agent			7. Name and	Address of Ne	w Registered	Fee Required Agent	<u> </u>
VAUL TAO	A IT I		Name	Name (1) The ide i					
WU, TAO-WEI 8430 NW 68 ST #1			Street A	Street Address (P.O. Box Number is Not Acceptable) 6950 CYPRESS RD # 208-15					
MIAMI, FL	33166			<u> </u>	CYPRE	3 AV	208-13	<u>, </u>	
			City	71 An	TATION		FL	Zip Code	9 <i>222/1</i>
	named entity submits this statement for	the purpose of changing its re				h, in the State of		familiar with,	and accept
the obligat	ions of registered agent.						a >	> > .	/) -
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registored Agent signali	пе тединед	when reinstating)		DATE	27-	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib			.00 May Be ed to Fees				
10.	OFFICERS AND I	QIRECTORS	11.		ADDITIONS/	CHANGES TO	OFFICERS AN	D DIRECTORS	S IN 11
TITLE	PD AND TACAME	. Delete	TITLE	PD				Change	Addition
NAME STREET ADDRESS	WU, TAO-WEI 8430 NW 68 ST #1		NAME STREET ADDRESS	121	TAO-L	0E1	208-15		
CHY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP	PL	TO CYLVACE	FL	33317		
TITLE NAME		☐ Delete	TITLE	′				☐ Change	Addition Addition
STREET ADDRESS			STREET ADDRESS						
CHY-ST-ZIP			CITY-ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME					☐ Change	Addition
STREET ADDRESS			STRLET ADDRESS						
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP					Change	Addition
NAME		□ Delete	NAME					Change	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CHY-ST-ZIP						
TITLE		□ Delete	TITLE					☐ Change	Addition
NAME		_ 5000	NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
THLE		☐ Delete	TIFLE					☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	1					
CITY-ST-ZIP			CHTY-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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: The Dei	MAD-WEI WU	03-27-07	305 718	3118
SIGNATURE AND TYPED OR PRINTED	NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #	_ 1