## 2008 FOR PROFIT CORPORATION

## Mar 17, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P99000009052 03-17-2008 90004 007 \*\*\*150.00 1. Entity Name SHUNG KENG CORPORATION Principal Place of Business Mailing Address 3616 BEACH BLVD. 3616 BEACH BLVD. JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02232008 Chg-P CR2E034 (12/06) 4. FEI Number Applied For City & State City & State 59-3558782 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KWAN, TAK CHUEN Street Address (P.O. Box Number is Not Acceptable) 3616 BEACH BLVD. 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: 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete тиц 📜 🧎 TITLE ☐ Change ☐ Addition NAME. KWAN, TAK CHUEN STREET ADDRESS 3616 BEACH BLYD STREET ADDRESS JACKSONVILLE, FL 32207 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition 13 TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition TITLE □ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 addresse with all other like empowered.

SIGNATURE:

FILED

Daytime Phone (