2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000009924

Entity Name: HING SING CORPORATION

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8618 WHITE ROSE DRIVE 513 S CHICKASAW TRAIL ORLANDO, FL 32818 ORLANDO, FL 32825 **Current Mailing Address: New Mailing Address:** 8618 WHITE ROSE DRIVE 513 S CHICKASAW TRAIL ORLANDO, FL 32818 ORLANDO, FL 32825 FEI Number: 59-3554300 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHENG, FAT C CHENG, FAT C 8618 WHITE ROSE DRIVE 513 S CHICKASAW TRAIL ORLANDO, FL 32818 ORLANDO, FL 32825 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. SIGNATURE: FAT CHIU CHENG 04/16/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition CHENG, FAT C CHENG, FAT C Name: Name: 8618 WHITE ROSE DRIVE 513 S CHICKASAW TRAIL Address: Address: ORLANDO, FL 32818 ORLANDO, FL 32825 City-St-Zip: City-St-Zip: Title: VΡ Title: () Delete (X) Change () Addition Name: HUANG, WEN S Name: HUANG, WEN S 8618 WHITE ROSE DRIVE 513 S CHICKASAW TRAIL Address: Address: ORLANDO, FL 32818 ORLANDO, FL 32825 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition ZHENG, ZHENG XIONG Name: Name: 513 S CHICKASAW TRAIL Address: Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: Title: TD () Delete Title: () Change () Addition LIN, LI HUA Name: Name: Address: 513 S CHICKASAW TRAIL Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32825 Title: Title: () Delete () Change (X) Addition Name: Name: LIN, GUI FENG Address: 513 S CHICKASAW TRAIL Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32825

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FAT CHIU CHENG P 04/16/2009