

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000011296

1. Entity Name  
CHANG YOUNG, INC.



Principal Place of Business  
106 HILLCREST DR  
STUART, FL 34996

Mailing Address  
106 HILLCREST DR  
STUART, FL 34996



02232006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0929482

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLOWERS, ROBERT J  
400 FLAMINGO AVE  
STUART, FL 34996

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

1100000448569  
03/09/06-80020-002 150.00

10. OFFICERS AND DIRECTORS

|                |                                      |
|----------------|--------------------------------------|
| TITLE          | D                                    |
| NAME           | STENHOJ, NIELS                       |
| STREET ADDRESS | 106 HILLCREST DR                     |
| CITY-ST-ZIP    | STUART, FL 34996                     |
| TITLE          | D                                    |
| NAME           | WOO KIM, CHANG                       |
| STREET ADDRESS | 2F KANGWHA BLDG. 378-16, SEOGYO-DONG |
| CITY-ST-ZIP    | MAP-KU, KOREA, 121-89                |
| TITLE          |                                      |
| NAME           |                                      |
| STREET ADDRESS |                                      |
| CITY-ST-ZIP    |                                      |
| TITLE          |                                      |
| NAME           |                                      |
| STREET ADDRESS |                                      |
| CITY-ST-ZIP    |                                      |
| TITLE          |                                      |
| NAME           |                                      |
| STREET ADDRESS |                                      |
| CITY-ST-ZIP    |                                      |

**DO NOT WRITE  
IN THIS SPACE**

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: Niels U. Stenhoj NIELS U. STENHOJ, PRESIDENT 2/23/06 772-219-2570  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #