## 2006 FOR PROFIT CORPORATION \_\_\_\_ ANNUAL REPORT

## Mar 30, 2006 08:00 AM Secretary of State DOCUMENT # P9900064618 1. Entity Name COVÉR MASTERS, INC. Principal Place of Business Mailing Address 9892 MONCLAIR CIR 2155 W. COLONIAL DR APOPKA, FL 32703 1112 ORLANDO, FL 32804 03092006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3587396 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent HUN, SUNG DO NOT WRITE 98B MONTCLAIR CIR ALTAMONTE SPRINGS, FL 32714 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. DATE Signature, typed or printed name of registered agent and title if applicable (ROTE: Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. VOT TITLE SHIN, MI HEE NAME 9892 MONTCLAIR CIR STREET ADDRESS. CITY-ST-ZIP APOPKA, FL 32703 U00000485913 04/13/06-80014-021 150.00 TITLE NAME STREET ADDRESS CHY-51-219 TITLE NAME STREET ADDRESS DO NOT WRITE C/TY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP 21777 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby 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 address, with all other like empowered.

STREET ADDRESS DITY-S1-20P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**