
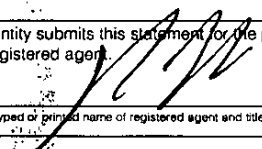
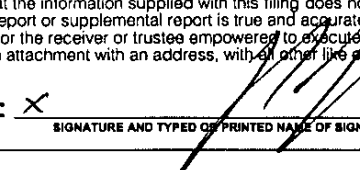


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90012 012 ***158.75

DOCUMENT # P99000066931 1. Entity Name FEE SAN ENTERPRISES, INC.					
Principal Place of Business 2334 NW 187 AVE PEMBROKE PINES, FL 33029			Mailing Address 539 N MILLS AVE ORLANDO, FL 32803		
2. Principal Place of Business 11844 SILVER OAK DR		3. Mailing Address Suite, Apt. #, etc.			
City & State DAVIE, FL		City & State			
Zip 33330	Country US	Zip	Country		
6. Name and Address of Current Registered Agent THU, KYAW MOE 1145 FAIRLAKE TRACE, #1805 WESTON, FL 33326			7. Name and Address of New Registered Agent Name THU, Kyaw Moe a.k.a. THU, Phil Moe Street Address (P.O. Box Number is Not Acceptable) 11844 Silver Oak Dr. City DAVIE FL Zip Code 33330		
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME THU, KYAW MOE		TITLE P		
STREET ADDRESS 2334 NW 187 AVE		NAME THU, KYAW MOE a.k.a. THU, PHIL MOE			
CITY-ST-ZIP PEMBROKE PINES, FL 33029		STREET ADDRESS 11844 Silver Oak Dr.			
CITY-ST-ZIP PEMBROKE PINES, FL 33029		CITY-ST-ZIP DAVIE, FL 33330			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE VP			
NAME STREET ADDRESS CITY-ST-ZIP		NAME OO, SAN SAN a.k.a. THU, MAY			
CITY-ST-ZIP		STREET ADDRESS 11844 Silver Oak Dr.			
CITY-ST-ZIP		CITY-ST-ZIP DAVIE, FL 33330			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
CITY-ST-ZIP		CITY-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 an other like empowered.					
SIGNATURE:  Date Daytime Phone # <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					