2007 FOR PROFIT CORPORATION

Apr 12, 2007 8:00 am Secretary of State ANNUAL REPORT 04-12-2007 90020 033 ***150.00 DOCUMENT # P99000086505 EXPANSION ENTERPRISES, INC. 40057418 Principal Place of Business Mailing Address 9446 PHILIPS HWY #8 9446 PHILIPS HWY #8 JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite ^-- # ---Suite Ant # etc. 03192007 CR2E034 (12/06) Chg-P 10175 Fortune Pkwy, Ste 705 10175 Fortune Pkwy, Ste 705 Applied For Jacksonville FL 32256-6753 4. FEI Number Jacksonville FL 32256-6753 59-3604478 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YEN, KUNG-PO Street Address (P.O. Box Number is Not Acceptable) 9446 PHILIPS HWY #8 JACKSONVILLE, FL 32256 10175 Fortune Pkwy, Ste 705 Jacksonville FL 32256-6753 Zip Code FL 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 little # applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10, Change Addition TITLE □ Delete TITLE YEN, KUNG-TI NAME NAME 10175 Fortune Pkwy, Ste 705 STREET ADDRESS 9446 PHILIPS HWY #8 STREET ADDRESS Jacksonville FL 32256-6753 CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE, FL 32256 TITLE Delete Change ☐ Addition TITLE YEN, KUNG-PO NAME NAME 10175 Fortune Pkwy, Ste 705 STREET ADDRESS 9446 PHILIPS HWY #8 STREET ADDRESS Jacksonville FL 32256-6753 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 32256 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS 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 all other like empowered.

SIGNATURE:

ED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED