## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 09, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # P990000916	548		S	Secretary of State
1312 W. INT	e of Business ERNATIONAL SPEEDWAY BLVD. CH, FL 32114	Majiing Address 509 N MILLS AVE ORLANDO, FL 32803			aviji velja jaja itva boji vikor inijavi ji javi
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent				02242005 No Chg-P  4. FEI Number 59-3601873  5. Certificate of Status Desired	CR2E034 (10/03)  Applied For Not Applicable  \$8.75 Additional Fee Required
TU KANG, YANG 105 CHATHAM CIRCLE DAYTONA BCH, FL 32114			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  Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
10.	OFFICERS AND DI	RECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YANG, TU KANG 105 CHATHAM CIR. DAYTONA BCH, FL 32114			03/09/	000256927 05-80034-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Page 16-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT V	VRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS S	PACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP			·		and the second s
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 cath; 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Davis Phons &					