2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

May 01, 2006 8:00 am Secretary of State **DOCUMENT # S82608** 1. Entity Name 05-01-2006 90462 004 ***150 00 MARY ANN BAKERY HOUSE, INC. Principal Place of Business Mailing Address 1284 N.E 163RD ST. 1284 N.E 163RD ST. NORTH MIAMI BEACH, FL 33162 NORTH MIAMI BEACH, FL 33162 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03312006 Cha-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0286960 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LING, KENNY Street Address (P.O. Box Number is Not Acceptable) 1284 N.E. 163RD ST. NORTH MIAMI BEACH, FL 33162 Zip Code 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. SD TITLE ☐ Delete TITLE ☐ Change ☐ Addition LAM, KAREN NAME NAME STREET ADDRESS 1284 N.E. 163RD ST. STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL CITY-ST-ZIP VD TITLE ☐ Delete TITLE ☐ Change Addition CHUNG, KWONG YICK NAME NAME 1284 N.E. 163RD ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL CITY-ST-ZIP PD ☐ Delete TITLE ☐ Change ☐ Addition NAME LING, KENNY STREET ADDRESS 1284 N.E. 163RD ST. STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition LING, XI WEN NAME NAME STREET ADDRESS 1284 NE 163 STREET STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL. CITY-ST-ZIP ☐ Delete TITLE TITLE Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS 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 all other like empowered.

FILED

Daytime Phone #