

FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90022 029 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

40104722



05082008 Chg-P CR2E034 (12/06)

4. FEI Number: 20-4814441 Applied For: No: Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required No

DOCUMENT # F07000003302			
1. Entity Name DARFON AMERICA CORP.			
Principal Place of Business 53 DISCOVERY IRVINE, CA 92618		Mailing Address 53 DISCOVERY IRVINE, CA 92618	
2. Principal Place of Business - No P.O. Box # 3031 Tisch Way Suite, Apt. #, etc. Suite 610 City & State San Jose, CA Zip 95128 Country USA		3. Mailing Address 3031 Tisch Way Suite, Apt. #, etc. Suite 610 City & State San Jose CA Zip 95128 Country USA	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number: is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when translating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LEE, SHEAFFER 157 SHAN YING ROAD KWEISHAN TAOYUAN 333 TAIWAN, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SU, ANDY 6 FENG-SHU TSUEN KWEISHAN TAOYUAN 333 TAIWAN R.O.C., <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P CHU, BEN 53 DISCOVERY IRVINE, CA 92618 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST LEE, ELLIN 53 DISCOVERY IRVINE, CA 92618 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 6D7, 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: <u>Ellin Lee</u> / ELLIN LEE / SECRETARY		Date: <u>May 8 2008</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	