

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                  |                                               |                                                                                                                     |                                                                                                                                                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # G79654</b><br>1. Entity Name<br><b>OUY LIN, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                  |                                               |                                                                                                                     |                                                                                            |  |
| Principal Place of Business<br><b>1825 WALE DRIVE<br/>TALLAHASSEE, FL 32303</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                  |                                               | Mailing Address<br><b>1825 WALE DRIVE<br/>TALLAHASSEE, FL 32303</b>                                                 |                                                                                                                                                                             |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                  | 3. Mailing Address<br><br>Suite, Apt. #, etc. |                                                                                                                     |                                                                                                                                                                             |  |
| City & State<br><br>Zip      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                  | City & State<br><br>Zip      Country          |                                                                                                                     | 4. FEI Number<br><b>59-1434612</b>                                                                                                                                          |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                  |                                               |                                                                                                                     | Applied For<br>Not Applicable                                                                                                                                               |  |
| <div style="display: flex; justify-content: space-between;"> <div> <b>6. Name and Address of Current Registered Agent</b><br/><br/> <b>CHOW, CHAK YAN<br/>1825 WALES DR<br/>TALLAHASSEE, FL 32303</b> </div> <div> <b>7. Name and Address of New Registered Agent</b><br/>         Name<br/>         Street Address (P.O. Box Number is Not Acceptable)<br/>         City      <b>FL</b>      Zip Code       </div> </div>                                                                                                                                                                                                                        |                                                                                                  |                                               |                                                                                                                     |                                                                                                                                                                             |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                  |                                               |                                                                                                                     |                                                                                                                                                                             |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                  |                                               | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |                                                                                                                                                                             |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                  |                                               | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                        |                                                                                                                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br>CHOW, CHAK YAN<br>1825 WALES DR.<br>TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete  |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <div style="text-align: center;"> <b>200050987422</b><br/> <b>04/16/05--01001--021    **150.00</b> </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VPT<br>CHOW, LYNNE WU<br>1825 WALES DR.<br>TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                  |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                  |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                  |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                           |  |
| 12. I hereby certify that the information supplied with this filing 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 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. |                                                                                                  |                                               |                                                                                                                     |                                                                                                                                                                             |  |
| <b>SIGNATURE:</b> <u>Chak Yan Chow</u> <u>4/5/05</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                  |                                               |                                                                                                                     |                                                                                                                                                                             |  |