



2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000094726 1. Entity Name NEW KING'S FOOD SERVICES, INC.						FILED 04 NOV -9 PM 4: 05 SECRETARY OF STATE TALLAHASSEE, FLORIDA																												
Principal Place of Business 1503 TURKEY GREEK RD PLANT CITY, FL 33567				Mailing Address 1503 TURKEY GREEK RD PLANT CITY, FL 33567																														
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Suite, Apt. #, etc.		Suite, Apt. #, etc.																																
City & State		City & State																																
Zip		Country																																
4. FEI Number 75-3079609				Applied For <input type="checkbox"/> Not Applicable																														
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				11032004 Chg-P CR2E034 (10/03)																														
6. Name and Address of Current Registered Agent CHAU, CHEUNG BUN 1503 TURKEY GREEK RD PLANT CITY, FL 33567				7. Name and Address of New Registered Agent Name: LIN, QIN Street Address (P.O. Box Number is Not Acceptable): 1503 Turkey Greek Road City: Plant City, FL Zip Code: 33567																														
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: <u>Qin Lin</u> QIN LIN 11/4/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																		
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																														
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">PS</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CHAU, CHEUNG BUN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1503 TURKEY GREEK RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PLANT CITY, FL 33567</td> <td></td> </tr> </table>				TITLE	PS	<input checked="" type="checkbox"/> Delete	NAME	CHAU, CHEUNG BUN		STREET ADDRESS	1503 TURKEY GREEK RD		CITY-ST-ZIP	PLANT CITY, FL 33567		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">PS</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>LIN, Qin</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1503 Turkey Greek Road</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Plant City, FL 33567</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;"> 600042609276 11/09/04--01087--002 **\$61.25 </td> </tr> </table>				TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	LIN, Qin		STREET ADDRESS	1503 Turkey Greek Road		CITY-ST-ZIP	Plant City, FL 33567		600042609276 11/09/04--01087--002 **\$61.25		
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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.																																		
SIGNATURE: <u>Qin Lin</u> Qin Lin, President 11/4/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																		