2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000007554

Entity Name: CHINA AOXING PHARMACEUTICAL COMPANY, INC.

FILED Oct 12, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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HOTEL ALTA C/O AMERICAN UNION SECURITIES 100 WALL ST.

ALTO DE LAS PALOMAS 15TH FLOOR

SANTA ANA, COSTA RICA, XX 00000 NEW YORK, NY 10005 US

Current Mailing Address: New Mailing Address:

C/O MICHAEL CAGGIANO C/O AMERICAN UNION SECURITIES 100 WALL ST.

(HOTEL ALTA) INTERLINK 964-POB 02-5635 15TH FLOOR

MIAMI, FL 33102 US NEW YORK, NY 10005 US

FEI Number: 65-0636168 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LITTMAN, ERIC P.
7695 SW 104TH ST
8TH FL
MIAMI, FL 33156 US

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US

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.

SIGNATURE: INCORP SERVICES, INC. 10/12/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: MR (X) Change () Addition Name: TALLEY, RICHARD W Name: LEO, JOHN C

Address: 19200 VON KARMAN STE 500 Address: C/O AUS 100 WALL ST. 15TH FL
City-St-Zip: IRVINE, CA 92612 US City-St-Zip: NEW YORK, NY 10005 US

Title: S () Delete Title: MR (X) Change () Addition

Name: VOLOSHIN, P. JAMES Name: YUE, ZHEN J

 Address:
 360 SAN MIGUEL DRIVE, SUITE 406
 Address:
 C/O AUS 100 WALL ST. 15TH FL

 City-St-Zip:
 NEWPORT BEACH, CA 92660 US
 City-St-Zip:
 NEW YORK, NY 10005 US

Title: PD (X) Delete Title: () Change () Addition

 Name:
 CAGGIANO, MICHAEL N
 Name:

 Address:
 (HOTEL ALTA) INTERLINK 964-POB 02-5635
 Address:

 City-St-Zip:
 MIAMI, FL 33102 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN C. LEO MR 10/12/2006