

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000007554

FILED
Feb 23, 2011
Secretary of State

Entity Name: AOXING PHARMACEUTICAL COMPANY, INC.

Current Principal Place of Business:

15 EXCHANGE PLACE
SUITE 500
NEW JERSEY, NJ 08302 US

New Principal Place of Business:

Current Mailing Address:

15 EXCHANGE PLACE
SUITE 500
NEW JERSEY, NJ 08302 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: MR
Name: YUE, ZHENJIANG
Address: 15 EXCHANGE PLACE, SUITE 500
City-St-Zip: NEW JERSEY, NJ 08302 US

Title: MR
Name: JOHN, O'SHEA
Address: 15 EXCHANGE PLACE, SUITE 500
City-St-Zip: NEW JERSEY, NJ 08302 US

Title: MR
Name: HOWARD, STERLING
Address: 15 EXCHANGE PLACE, SUITE 500
City-St-Zip: NEW JERSEY, NJ 08302 US

Title: MR
Name: MIN, JUN
Address: 15 EXCHANGE PLACE, SUITE 500
City-St-Zip: NEW JERSEY, NJ 08302

Title: MR
Name: XU, GUOZHU
Address: 15 EXCHANGE PLACE, SUITE 500
City-St-Zip: NEW JERSEY, NJ 08302 US

I hereby 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 all other like empowered.

SIGNATURE: BOB AI

_____ Electronic Signature of Signing Officer or Director

CFO

02/23/2011

_____ Date