## 2007 FOR PROFIT CORPORATION

## Apr 18, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT #V49374 04-18-2007 90147 023 \*\*\*150.00 1. Entity Name CHINA JADE SOUTH, INC. Principal Place of Business Mailing Address 40066033 7308 INTERNATIONAL DR 7308 INTERNATIONAL DRIVE ORLANDO, FL 32819 ORLANDO, FL 32819 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03142007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3134514 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Hue Nguyen Phan PHAN, HUE NGUYEN Street Address (P.O. Box Number is Not Acceptable) 9097 HARBOR ISLE WINDERMERE, FL 34786 7308 International Drive Zip Code 32819 Orlando 8. The above named e ntity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of istered agent SIGNATURE agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PHAN, HUE NGUYEN 9097 HARBOR ISLE STREET ADDRESS STREET ADDRESS CITY+ST-7IP WINDERMERE, FL 34786 CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME PHAN, KHAI HUE NAME 9097 HARBOR ISLE STREET ADDRESS STREET ADDRESS CITY-ST-7IP WINDERMERE, FL 34786 CITY-STAZIP Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME

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 supplied entail 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

467893-7888

**FILED**