2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 02, 2007 8:00 am Secretary of State DOCUMENT #K30716 05-02-2007 90095 047 ***158.75 1. Entity Name CHINA PALACE EXPRESS, INC. Principal Place of Business Mailing Address 4 ft rand 3558 CLARK ROAD. 1780 N HONORE AVE SARASOTA, FL 34231 SARASOTA, FL 34235 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. # etc. 04302007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0079914 Not Applicable Zio Country Zin 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 JANG, MAY 1780 NORTH HONORE AVE... Street Address (P.O. Box Number is Not Acceptable) SARASOTA, FL 34235 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be " FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 $\rho_{\mathcal{D}}$ PD TITLE ☐ Delete TITLE ☐ Change Addition JANG, MAY NAME NAME JANCE, HAY STREET ADDRESS 1780 N HONORE AVE STREET ADDRESS 180 N. HONDRE AUE SARASOTA, FL 34235 SARASOTA, FL 34235 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME JOHN BELT STREET ADDRESS STREET ADDRESS 1780 N HONOKE AVE CITY-ST-ZIP CITY-ST-ZIP SALASOTA ☐ Delete Addition JESSICA BELY NAME NAME STREET ADDRESS STREET ADDRESS 1780 N. HONOLE AVE. CITY-ST-ZIP CITY-ST-ZIP SATLASOTH, 54.34235 TITLE TITLE ☐ Delete □ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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 bridge 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 the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or bridge empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAL

FILED