2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000108188

1. Entity Name
WING SHING INTERNATIONAL TRADING, LLC

Principal Place of Business	Mailing Address
11604 BLACKMOOR DRIVE ORLANDO, FL 32837	11604 BLACKMOOR DRIVE ORLANDO, FL 32837

01092007   Chg-LLC   CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
11327 ISLE OF WATER BRIDGE	*SAME AS BUSINESS*
Suite, Apt. #, etc. *#207*	Suite, Apt. #, etc. *ADDRESS*
City & State *ORLANDO, FL*	City & State
Zip *32837*	Country	Zip	Country

4. FEI Number *20-5846455*   ☐ Applied For   ☐ Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHU, ALICE 11604 BLACKMOOR DRIVE ORLANDO, FL 32837	Name *KE QIN ZENG* Street Address (P.O. Box Number is Not Acceptable) *11327 ISLE OF WATER BRIDGE, #207* City *ORLANDO* **FL** Zip Code *32837*

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 (X) *[signature]*   *3-6-2007*
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM NAME ZENG, KE QIN STREET ADDRESS 11604 BLACKMOOR DRIVE CITY-ST-ZIP ORLANDO, FL 32837	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE MGRM NAME KUANG, QIHUA STREET ADDRESS 11604 BLACKMOOR DRIVE CITY-ST-ZIP ORLANDO, FL 32837	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: (X) *Qihua Kuang*   *3/6/2007*   *(407) 520-9887*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #