


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
05 APR 27 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L11321					
1. Entity Name DRAGON PHARMACEUTICAL, INC.					
Principal Place of Business STE 1900, 1055 WEST HASTINGS VANCOOVER BRITISH COLUMBIA CANADA V6E 2E9,			Mailing Address STE 1900, 1055 WEST HASTINGS VANCOOVER BRITISH COLUMBIA CANADA V6E 2E9,		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0142474	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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: <u>Cynthia L. Harrie</u> <b>Cynthia L. Harrie as its agent</b> <u>4/27/05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIU, LONGBIN		NAME	YANLIN HAN	
STREET ADDRESS	STE 1900, 1055 WEST HASTINGS		STREET ADDRESS	STE 1900, 1055 WEST HASTINGS ST.	
CITY-ST-ZIP	VANCOOVER, BC CANADA, v6e 2e9		CITY-ST-ZIP	VANCOOVER, BC. V6E 2E9	
TITLE	D	<input type="checkbox"/> Delete	TITLE	300054121933	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUN, YIU K		NAME	05/10/05--01005--013	
STREET ADDRESS	STE 1109 OFFICE TWR CON PL 1 HAR. RD		STREET ADDRESS		
CITY-ST-ZIP	HONG KONG,		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAI, KEN		NAME	ZHANGUO WENG	
STREET ADDRESS	#1900, 1055 WEST HASTINGS ST		STREET ADDRESS	STE 1900, 1055 WEST HASTINGS ST	
CITY-ST-ZIP	VANOUVER, BC, v6e 2e9		CITY-ST-ZIP	VANCOOVER, BC, V6E 2E9	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAVANAGH, MATTHEW		NAME	XUEMEI LIU	
STREET ADDRESS	STE 1900, 1055 WEST HASTINGS		STREET ADDRESS	STE 1900, 1055 WEST HASTINGS	
CITY-ST-ZIP	VANCOOVER, BC CANADA, v6e 2e9		CITY-ST-ZIP	Vancouver, BC, Canada V6E 2E9	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YVEN, PHILIP		NAME	MAGGIE DENG	
STREET ADDRESS	11/6 456 DES VOUE RD CENTRAL		STREET ADDRESS	38-5278 Oakmount Cres. Burnaby, BC	
CITY-ST-ZIP	HONG KONG, TO		CITY-ST-ZIP	V5H 4S2	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WICK, ALEXANDER		NAME		
STREET ADDRESS	BUCHSERSTRASSE 60		STREET ADDRESS		
CITY-ST-ZIP	BERN CH-3006, SWITZERLAND,		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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.					
SIGNATURE: <u>[Signature]</u>		Date: <u>Mar. 24, 2005</u> Daytime Phone: <u>602-6698817</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					