

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

<b>DOCUMENT # L11321</b> 1. Entity Name <b>DRAGON PHARMACEUTICAL, INC.</b>			
Principal Place of Business <b>STE 1900, 1055 WEST HASTINGS VANCOOVER BRITISH COLUMBIA CANADA V6E 2E9,</b>		Mailing Address <b>STE 1900, 1055 WEST HASTINGS VANCOOVER BRITISH COLUMBIA CANADA V6E 2E9,</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>		<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City	
4. FEI Number <b>65-0142474</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
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. Harris</u> <b>Cynthia L. Harris as its agent</b> <u>4/27/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE CD NAME LIU, LONGBIN <input checked="" type="checkbox"/> Delete STREET ADDRESS STE 1900, 1055 WEST HASTINGS CITY-ST-ZIP VANCOOVER, BC CANADA, v6e 2e9	TITLE CD NAME YANLIN HAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS STE 1900, 1055 WEST HASTINGS ST. CITY-ST-ZIP VANCOOVER, BC. V6E 2E9	300054121998 05/10/05--01005--013 **150.00	
TITLE D NAME SUN, YIU K <input type="checkbox"/> Delete STREET ADDRESS STE 1109 OFFICE TWR CON PL 1 HAR. RD CITY-ST-ZIP HONG KONG,	TITLE VD NAME ZHANGUO WENG <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS STE 1900, 1055 WEST HASTINGS ST CITY-ST-ZIP VANCOOVER, BC, V6E 2E9	D NAME XUEMEI LIU <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS STE 1900, 1055 WEST HASTINGS CITY-ST-ZIP VANCOOVER, BC, Canada V6E 2E9	
TITLE D NAME YVEN, PHILIP <input checked="" type="checkbox"/> Delete STREET ADDRESS 11/6 456 DES VOUER RD CENTRAL CITY-ST-ZIP HONG KONG, TO	TITLE S NAME MAGGIE DENG <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 38-5278 Oakmount Cros. Burnaby, BC CITY-ST-ZIP V5H 4S2	PD NAME WICK, ALEXANDER <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS BUCHSERSTRASSE 60 CITY-ST-ZIP BERN CH-3006, SWITZERLAND,	
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> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>Mar. 24, 2005</u> Daytime Phone #: <u>602-6698817</u>	



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