## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jan 28, 2008 08:00 AM **DOCUMENT # P00000035692 Secretary of State** 1. Entity Name DANG LIN INC. Principal Place of Business Mailing Address 4251 NW FEDERAL HWY 4251 NW FEDERAL HWY JENSEN BEACH, FL. 34957 JENSEN BEACH, FL 34957 CR2E034 (11/05) 01042008 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0997857 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LIN, DANG DO NOT WRITE 3114 SW MARTIN DOWN BLVD. PALM CITY, FL 34990 IN THIS SPACE 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 trip if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fee 10. OFFICERS AND DIRECTORS DILE LIN, DANG NAME STREET ADDRESS 3114 SW MARTIN DOWN BLVD. CITY-ST-ZIP PALM CITY, FL 34990 TITLE ZHENG, CHEN HUI NAME STREET ADDRESS 3114 SW MARTIN DOWN BLVD. CITY-ST-ZIP PALM CITY, FL 34990

DO NOT WRITE IN THIS SPACE

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12. Thereby 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 logal 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.

NAME STREET ADDRESS

TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CiTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-S1-2IP

NG OFFICER OR DIRECTOR

**FILED**