2007 FOR PROFIT CORPORATION

Feb 15, 2007 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P0000050847 1. Entity Name QIU'S CORPORATION Principal Place of Business Mailing Address 1660 S CONGRESS AVENUE **4874 POSEIDON PLACE** SUITE #6 LAKE WORTH, FL 33463-4032 BOYNTON BEACH, FL 33426 01102007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1014762 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JIAN QIU, ZI DO NOT WRITE 4874 POSEIDON PLACE LAKE WORTH, FL 33463-4032 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) U00000637091 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. 02/26/07-80047-003 150.nn Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE JIAN QUI, ZI NAME 4874 POSEIDON PLACE STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 334634032 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRÈSS 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 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 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZiP

Daytime Phone #

FILED