2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 14, 2008 08:00 Al **DOCUMENT # P00000050847 Secretary of State** 1. Entity Name QIU'S CORPORATION Mailing Address Principal Place of Business **4874 POSEIDON PLACE** 1660 S CONGRESS AVENUE LAKE WORTH, FL 33463-4032 SUITE #6 BOYNTON BEACH, FL 33426 The great the street CR2E034 (11/05) 01072008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 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. Signatura, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing H00000784425 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 01/16/08-80054-814 150**.**00 OFFICERS AND DIRECTORS 10. TITLE JIAN QUI, ZI NAME 4874 POSEIDON PLACE STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 334634032 TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 offect as if made under eath; 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CIONATURE AND TYRED OR POTTER NAME OF CICHING RECICED OR DIRECTOR

orlidos

(54) 269-8245

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