2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00006052014

1. Entity Name TUANHE, INC.



Principal Place of Business

7148 NOB HILL ROAD

#7

Mailing Address

6190 WOODLANDS BLVD., #209 TAMARAC, FL 33319

#/ TAMARAC, FL 33321 - TAMARAC, FL 33321 -

FILED Mar 17, 2004 08:00 AM Secretary of State



01202004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-1011420 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

YE, XU MING 6190 WOODLANDS BLVD., #209 TAMARAC, FL 33319

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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 title if applicable (NOTE Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000090508 03/17/04-80022-004 150.00
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YE, XU MING 6190 WOODLANDS BLVD., #209 TAMARAC, FL 33319	-			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		_			
TITLE NAME STREET ADDRESS CITY-SI-ZIP			DO NOT WRITE IN THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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 cath; 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:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PHINTED HAME OF SIGNENG OFFICER OR DIRECTOR

Daytime Phone #