2008 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attach

SIGNATURE: >

Apr 25, 2008 8:00 am Secretary of State DOCUMENT # P00000061147 04-25-2008 90126 046 ***150.00 1. Entity Name CHINA MOON OF OCOEE, INC. Principal Place of Business Mailing Address 2536 S. MAGUIRE RD 2536 S. MAGUIRE RD OCOEE, FL 34761 OCOEE, FL 34761 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04152008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 59-3655172 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHEN, SHUK K Street Address (P.O. Box Number is Not Acceptable) 2536 S. MAGUIRE RD OCOEE, FL 34761 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$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 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 n TITLE ☐ Delete TITLE ☐ Change ■ Addition CHEN, SHUK K NAME NAME 2536 S. MAGUIRE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCOEE, FL 34761 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITI F □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 regence of the regence of the regence of the corporation or the regence of the regence

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #