


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90194 023 \*\*\*150.00

<b>DOCUMENT # P00000079799</b>	
1. Entity Name <b>GREEN DRAGON, INC.</b>	

Principal Place of Business <b>3182 ATWELL AVE. LADY LAKE FL 32162</b>	Mailing Address <b>PO BOX 1687 LADY LAKE FL 32158-1687</b>
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2. Principal Place of Business <b>938 Tarrson Blvd</b>	3. Mailing Address <b>938 Tarrson Blvd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Lady Lake Fl</b>	City & State <b>Lady Lake Fl</b>
Zip <b>32159</b>	Zip <b>32159</b>
Country <b>Lake</b>	Country <b>Lake</b>



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent <b>ROBERTS, BOBBIE 3182 ATWELL AVE. LADY LAKE FL 32162</b>	
7. Name and Address of New Registered Agent Name <b>Bobbie Roberts</b> Street Address (P.O. Box Number is Not Acceptable) <b>938 Tarrson Blvd</b> City <b>Lady Lake</b> FL Zip Code <b>32159</b>	

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. <b>Bobbie Roberts</b> SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE <b>4-23-04</b>
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, BOBBIE 3182 ATWELL AVE. LADY LAKE FL 32162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roberts, Bobbie 938 Tarrson Blvd Lady Lake Fl 32159 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, INA 3182 ATWELL AVE. LADY LAKE FL 32162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Anderson, Ina 938 Tarrson Blvd Lady Lake Fl 32159 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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.	
SIGNATURE <b>Bobbie Roberts</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <b>4-23-04</b> DAYTIME PHONE # <b>352-751-4078</b>