## **FILED** Jan 16, 2007 8:00 am **Secretary of State**

2007	FOR PROFIT CORPORATI	ON
	ANNUAL REPORT	

01-16-2007 90218 032 \*\*\*150.00 DOCUMENT # P00000080801 CHINA FUN. INCORPORATED Principal Place of Business Mailing Address 5683 RED BUG LAKE RD. 5683 RED BUG LAKE RD. 60001631 WINTER SPRINGS, FL 32708 WINTER SPRINGS, FL 32708 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 59-3664973 Not Applicable Zia Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHEN, MIN B 5683 RED BUG LAKE RD. Street Address (P.O. Box Number is Not Acceptable) WINTER SPRINGS, FL 32708 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 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ΡD TITLE ☐ Delete TITLE Change ☐ Addition CHEN, MIN B NAME NAME STREET ADDRESS 5683 RED BUG LAKE RD. STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS, FL 32708 CITY-ST-ZIP TITLE VPD Oelete DILE ☐ Change ☐ Addition NAME CHEN, SHUI XIAN NAME STREET ADDRESS 5683 RED BUG LAKE RD. STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS, FL 32708 CITY-ST-ZIP VPD Hit Delete TITLE (\_) Change ☐ Addition NAME CHEN, SHUI JIN NAME STREET ADDRESS 5683 RED BUG LAKE RD. STREET ADDRESS WINTER SPRINGS, FL 32708 CITY-ST-ZIP CITY - \$1 - ZIP TITLE ☐ Delete TILLE ☐ Addition NAME 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 TITLE Delete TIFLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby 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 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:

Xian Che SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 10/0

Daytime Phone #