

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90379 038 ***150.00

DOCUMENT # P00000102091

1. Entity Name
HOUSE OF CHINA, INC.



Principal Place of Business
18463 HWY 41 NORTH
LUTZ FL 33549

Mailing Address
18463 HWY 41 NORTH
LUTZ FL 33549

2. Principal Place of Business

3. Mailing Address
YEI, P.O. BOX 14508

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Clearwater FL

4. FEI Number 59-3675210

Applied For
Not Applicable

Zip

Country

Zip 337664508
Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

~~LIN, YU ZHEN~~
~~18463 HWY 41 NORTH~~
~~LUTZ FL 33549~~

7. Name and Address of New Registered Agent

Name YEI, MAYWA
Street Address (P.O. Box Number is Not Acceptable)
3233 State Road 580
City Safety Harbor, FL Zip Code 34695

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]*

DATE X 5/1/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LIN, YU ZHEN	
STREET ADDRESS	1334 DAB DRIVE	
CITY-ST-ZIP	SEFFNER FL 32940	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LIN, HONG RONG	
STREET ADDRESS	1334 DAB DRIVE	
CITY-ST-ZIP	SEFFNER FL 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* SIGNATURE REQUIRED

DATE X 4/30/03

Daytime Phone #

CR2E034 (10/02)