2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000106876

1. Entity Name

NEW CHINA OF JACKSONVILLE, INC.



FILED Apr 12, 2006 8:00 am Secretary of State 04-12-2006 90090 011 ***150.00

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ACKSONVILLE, FL 32210 2. Principal Piace of Business Suite. Apt. #, etc. City & State City & Sta	Principal Place of Business N				ailing Address		L	:.					
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Name	Zip	Country			Zip Country				5. Certificate	of Status Desired			
LILLY FIGORS 4495 ROOSEVELT BLVD., #413 JACKSONVILLE, FL 32210 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 hardlar with, and accept the obligations of registered agent. SIGNATURE		6. Name	and Address of Curre	nt Regis	tered Agent				7. Name and Address of New Registered Agent				
Addition				Name									
City FL Zip Code	4495 ROOSEVELT BLVD., #413					Street Address (P.O. Box Number is Not Acceptable)							
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 Signalure, typical or prising variety agent work of applicable. PILLE NOWITI FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ITILE LUI, YI GONG L495 ROOSEVELT BLVD # 413 JACKSONVILLE, FL 32210 Delde ITILE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP Change Addition Addition NAME STREET ADDRESS CITY-ST-ZP Change Addit	JACKSON	VICLE, FL	. 32210										
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12. I hereby certify that the information supplied with this filling does not quality 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	indicated of the cor	on this repo poration or t	ort or supplemental repo	rt is true inpowere	and accurate and that d to execute this repor	my signa t as requ	ature shall have	e the s	same legal effe	ct as if made unde	er oath: that I	am an officer	or director