

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

|                                                                    |                                                                                   |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT #</b> P01000011220                                     |  |
| <b>1. Entity Name</b><br>CHINA FIRST BUFFET AT CRYSTAL RIVER, INC. |                                                                                   |

|                                                                                   |                                                                |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------|
| <b>Principal Place of Business</b><br>618 US HWY 19 SE<br>CRYSTAL RIVER, FL 34429 | <b>Mailing Address</b><br>539 N MILLS AVE<br>ORLANDO, FL 32803 |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------|

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02032006 No Chg-P CR2E034 (11/05)

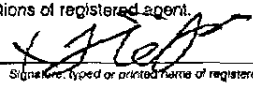
|                                                                  |                                                                                               |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <b>4. FEI Number</b><br>59-3693063                               | <input type="checkbox"/> <b>Applied For</b><br><input type="checkbox"/> <b>Not Applicable</b> |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>                                                         |

**6. Name and Address of Current Registered Agent**

LIN, JIE  
618 US HWY 19 SE  
CRYSTAL RIVER, FL 34429

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**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**  **DATE** \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

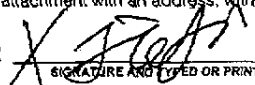
|                                                                                     |                                                                                                                               |                                                         |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>000000550127</b><br><b>05/13/06-80047-025 150.00</b> |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|

**10. OFFICERS AND DIRECTORS**

|                                                                            |                                                                 |
|----------------------------------------------------------------------------|-----------------------------------------------------------------|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | DP<br>LIN, JIE<br>618 US HWY 19 SE<br>CRYSTAL RIVER, FL 34429   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | D<br>WANG, SAI Y<br>618 US HWY 19 SE<br>CRYSTAL RIVER, FL 34429 |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |                                                                 |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |                                                                 |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |                                                                 |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |                                                                 |

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**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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** \_\_\_\_\_ **Date** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_