2008 FOR PROFIT CORPORATION

2008 08:00 AN ıte

203-762-3261

ANNUAL REPORT				Secretary of Sta		
DOCU	MENT # P010000176	334		Seci	retary of Sta	
LONGBO	OAT HI CORPORATION					
	ce of Business	Mailing Address				
WILTON, CT	N HILL ROAD 06897	241 BELDEN HILL ROAD Wilton, CT 06897			i ti (6815 b))68 ((4)) sibibse () (66)	
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, , ,	O NOT WRITE	IN THIS SDA	CE .	04212008 No Chg-P CR	2E034 (11/05)	
DO NOT WRITE IN THIS SPA				4. FEI Number 06-1609410	Applied For Not Applicable	
•	, .			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				· ·		
RÍTCHEY, JAMES L 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236			<u> </u>	DO NOT WRIT	Έ	
				IN THIS SPAC	E	
8. The above	named entity submits this statement for trions of registered agent.	e purpose of changing its register	ed office or register	red agent, or both, in the State of Florida. I	am familiar with, and accept	
SIGNATURE				_		
	Signature, typed or printed name of registered agent and	litte il applicable (NOTE, Registere	d Agent signature required	d when reinstating) DA	IE .	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution				.00 May Be ed to Fees		
TITLE	OFFICERS AND DIE	RECTORS				
NAME STREET ADDRESS	HAMILTON, CHARLES 241 BELDEN HILL ROAD			9000009190		
CHY-SI-ZIP	WILTON, CT 06897			05/13/08-8010	04-018 150.00	
TITLE NAME			12			
STREET ADDRESS CITY-ST-ZIP			ŀ		*	
INLE						
NAME STREET ADDRESS				DO NOT WOL	re i	
CITY-ST-ZIP TITLE				DO NOT WRIT	E	
NAME		IN THIS SPACE				
STREET ADDRESS CITY-ST-ZIP						
TITLE			, , , , , , , , , , , , , , , , , , ,	en e	\$ 7.9	
STREET ADDRESS]			
CITY-ST-ZIP TITLE						
NAME						
STREET ADDRESS						

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: (