## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

## Apr 26, 2006 8:00 am Secretary of State DOCUMENT # P01000023327 1. Entity Name 04-26-2006 90179 050 \*\*\*150.00 YI ZHEN LIN, INC. Principal Place of Business Mailing Address 12919 WALSINGHAM ROAD 12919 WALSINGHAM ROAD **LARGO FL 33774** LARGO FL 33774 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3700285 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required d Address of Current Registered Agent 7. Name and Address of New Registered Agent ZHANG, SHI, XIAO TAN 12919 WALSINGHAM ROAD LARGO FL 33774 Street Address (P.O. Box Number is Not Acceptable) 12919 WALSINGHAM Zip Code 33111 8. The above hamed 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 objections of registered agent. lions of registered agent. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD Delete TITLE 伊护 Addition NAME SHI, XIAO DAN NAME STREET ADDRESS 12919 WALSINGHAM RD STREET ADDRESS CITY-ST-7IP LARGO FL 33774 CITY-ST-ZIP PD TITLE ☐ Delete TITLE ☐ Change Addition CHEN, YU YON 12919 WOLSINGHOM RD. MAME ZHANG, BI YAN NAME STREET ADDRESS 12919 WALSINGHAM RD STREET ADDRESS CITY-ST-ZIP LARGO FL 33774 CITY-ST-ZIP THIE ☐ Delete TITLE ☐ Change ☐ 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 TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

4-16-06