2006 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Jan 23, 2006 08:00 AM DOCUMENT # P01000036874 **Secretary of State** CHINA BUFFET OF AMERICA INC. Principal Place of Business Mailing Address 3425 NEST VINE STREET C/O CAAT, INC. 17 E. BROADWAY #205 KISSIMMEE, FL 34741 NEW YORK, NY 10002 01152006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3712725 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LIN, CHANG YI DO NOT WRITE 3425 NEST VINE STREET KISSIMMEE, FL 34741 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) IJ00000396139 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 01/27/06-80020-007 150.00 Trust Fund Contribution, Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS **PDST** TITLE NAME LIN, CHANG YI STREET ADDRESS **3425 W VINE ST** CITY-ST-ZIP KISSIMMEE, FL 34741 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-\$1-ZIP

12. Thereby 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 any address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

> AME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED

Daytime Phone #