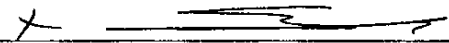
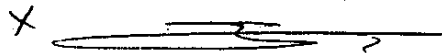


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90028 013 \*\*\*150.00

DOCUMENT # P01000045078			
1. Entity Name JIANG'S GROUP, INC.			
Principal Place of Business 106 HANCOCK BRIDGE PKWY D-18 CAPE CORAL, FL 33990-1059 US		Mailing Address 5100 OLD HOWELL BRANCH RD WINTER PARK, FL 32792	
2. Principal Place of Business		3. Mailing Address 106 Hancock Bridge Pkwy FL 8	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Cape Coral FL	
Zip	Country	Zip	Country
33990		33990	
4. FEI Number 69-1096178		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIU, RACHEL 5100 OLD HOWELL BRANCH RD WINTER PARK, FL 32792		7. Name and Address of New Registered Agent Name: Jun Jiang Street Address (P.O. Box Number is Not Acceptable): 920 SE 17th St City: Cape Coral FL Zip Code: 33990	
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: 1/24/05	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIANG, JUN	NAME	
STREET ADDRESS	920 SE 17TH ST	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 33990	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANG, XUE MING	NAME	
STREET ADDRESS	1867 SUNSET PLACE	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS, FL 33901	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(f), 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: 		Date: 1/24/05 (239) 571-8811	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

50017588

