Jan 18, 2005 8:00 am 2005 FOR PROFIT CORPORATION **Secretary of State ANNUAL REPORT** 01-18-2005 90031 022 ***150.00 DOCUMENT # P01000049729 LAKE WORTH PANDA GARDEN, INCORPORATED 40001542 Principal Place of Business Mailing Address 1968 LAKE WORTH RD 1968 LAKE WORTH RD LAKE WORTH, FL 33461 LAKE WORTH, FL 33461 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072005 Chq-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-1102519 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Grace Norwich SIU, RACHEL Street Address (P.O. Box Number is Not Acceptable) 5100 OLD HOWELL BRANCH RD WINTER PARK, FL 32792 1738 N Military Trail city West Palm Beach 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or print ed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition LIN. MEI ZHU NAME NAME 1968 LAKE WORTH RD STREET ADDRESS STREET ADDRESS LAKE WORTH, FL 33461 CITY-ST-ZIP CITY-ST-ZIP VP TITI F ☐ Delete TITLE ☐ Change ☐ Addition LI, JIN WANG NAME NAME STREET ADDRESS 1968 LAKE WORTH RD STREET ADDRESS LAKE WORTH, FL 33461 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

West SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR