2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

Mar 17, 2006 8:00 am Secretary of State DOCUMENT # P01000073120 03-17-2006 90137 016 ***150.00 1. Entity Name CHINA EXPRESS ENTERPRISES, INC. Principal Place of Business Mailing Address 20017585 1562 SE FLORESTA DR 1562 SE FLORESTA DR PORT SAINT LUCIE, FL 34983 PORT SAINT LUCIE, FL 34983 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02212006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-1123814 Not Applicable Zip Country Zip 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 LIN, WENMEI 1562 SE FLORESTA DR Street Address (P.O. Box Number is Not Acceptable) PORT SAINT LUCIE, FL 34983 City Zip Code FL 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if epplicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fée will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Ď TITLE ☐ Delete TITLE ☐ Change ☐ Addition LIN, WENMEI NAME NAME 1562 SE FLÖRESTA DR STREET ADDRESS STREET ADDRESS PORT SAINT LUCIE, FL 34983 CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME NĂME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TIT! F ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition 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 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 additional model.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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