

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000095612

1. Entity Name
NEW GENERATION INVESTMENTS, INCORPORATED



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

07-22-2005 90018 019 ***150.00

50056932



07182005 Chg-P CR2E034 (10/03)

Principal Place of Business 1526 LARKS NEST CT ORLANDO, FL 32654		Mailing Address TASTY WOK CHINESE RESTAURANT 3050 ALAFAYA TRAIL SUITE 1008 OVIDO, FL 32765	
2. Principal Place of Business <i>12178 LAKE UNDERHILL RD</i>		3. Mailing Address <i>12178 LAKE UNDERHILL RD</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>ORLANDO, FL</i>		City & State <i>ORLANDO, FL</i>	
Zip <i>32815</i>	Country	Zip <i>32825</i>	Country

6. Name and Address of Current Registered Agent LIU, YUN LIAN 1638 NESTLEWOOD TRAIL ORLANDO, FL 32837		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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)	DATE
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**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIU, YUN LIAN 1638 NESTLEWOOD TRAIL ORLANDO, FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KAM, TON LAM 1638 NESTLEWOOD TRAIL ORLANDO, FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *(Signature)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-2005 407-384-0068

Date

Daytime Phone #