2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 28, 2005 8:00 am Secretary of State **DOCUMENT # P01000101630** 1. Entity Name 04-28-2005 90218 033 ***150.00 CHINA JIANG, INC. Principal Place of Business Mailing Address · TOOOTH 244 W. HILLLSBOROUGH BLVD 244 W. HILLLSBOROUGH BLVD DEERFIELD BEACH, FL 33441 DEERFIELD BEACH, FL 33441 2. Principal Place of Business 3. Mailing Address 7163 LAKE WORTH ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. 04212005 CR2E034 (10/03) Cho-P LAKE WORTH FL 33467 City & State 4. FEI Number Applied For City & State 65-1147365 No: Applicable Ziρ Country Zia Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -7.-Name and Address of New Registered Agent-6. Name and Address of Current Registered Agent JIANG, DIAN YOU Street Address (P.O. Box Number is Not Acceptable) 244 W. HILLSBOROUGH BLVD DEERFIELD BEACH, FL 33441 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 Florida. I am familiar with, and accept the obligations of registered agent. Signature, typad or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when rainstating) DATE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Addition MAME JIANG, DIAN YOU NAME 244 W. HILLSBOROUGH BLVD. STREET ADDRESS 7163 LAKE WORTH ROAD STREET ADORESS DEERFIELD BEACH, FL 33441 Offy-ST-ZIP CHY-ST-7IP LAKE WORTH FL 33467 TITE E Delete TITLE ☐ Change M Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP OTTY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADORESS STREET ADDRESS OTTY-ST-ZIP CITY-ST-7IP ☐ Delete Addition TITILE Change NAME NAME STREET ADDRESS STREET ADDRESS CEY-ST-ZIP CITY-ST-7/P □ Delete me. TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-74P Delete TITLE ☐ Change neitibbA [TITLE NAME NAME STREET ADDRESS STREET ADDRESS OffY-ST-Z/P CITY- ST-7IP

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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:

SIGNING DIFFICER OR DIRECTOR

FILED

Daytime Phone #