2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 17, 2006 08:00 AM Secretary of State DOCUMENT # P01000101630 CHINA JIANG, INC. Mailing Address Principal Place of Business 7163 LAKE WORTH ROAD LAKE WORTH FL 33467 244 W. HILLLSBOROUGH BLVD DEERFIELD BEACH FL 33441 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite. Apt. II, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 65-1147365 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name JIANG, DIAN YOU 244 W. HILLSBOROUGH BLVD Street Address (P.O. Box Number is Not Acceptable) DEERFIELD BEACH FL 33441 City Zio Code Fì 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 Synature, typed or pomed name of registered agent and title if applicable (NOTE: Registered Agent argnature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition ☐ Delete TETLE TITLE 000000438334 NAME JIANG, DIAN YOU NAME STREET ADDRESS 7163 LAKE WORTH ROAD STREET ADDRESS 03/01/**06-80**002-002 **150.00** CITY-ST-2/P CITY-ST-ZIP LAKE WORTH FL 33467 TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZTP CITY-ST-ZIP ☐ Change Addition Delete HILE THILE NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CHY-ST-71P TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP ☐ Change ☐ Addition THILE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CKIY-ST-ZVP CATY-ST-ZIP 7111.6 ☐ Delete SiSLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes 1 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.

**FILED**