2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 05, 2004 8:00 am Secretary of State 04-19-2004 90323 046 ***150 00 DOCUMENT # P01000116472 CLEARWATER CHINA KING, INC. Mailing Address Principal Place of Business 66419479 2539 COUNTRYSIDE BLVD. 2539 COUNTRYSIDE BLVD. SUITE 8 SUITE 8 CLEARWATER, FL 33761 CLEARWATER, FL 33761 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04102004 CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 59-3759698 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TV SPSO I IANG BRIAN Street Address (P.O. Box Number is Not Acceptable) 832 N THORNTON AVE ORLANDO, FL 32803 Zip Code 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, typed or printed name or registered agent and life in applicable. (NOTE: Registered Agent signature required when reinstance) DATE 9, Election Campaign Financing FILE NOW!!! FEE IS \$150.00 } After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. THILE ☐ Addition TITLE ☐ Delitte Change CHEN, ZU CHENG NAME NAME STREET ADDRESS 2539 COUNTRYSIDE BLVD., #8, STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33761 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP. CITY-ST-ZIP TITLE ☐ Delote TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP THLE ☐ Detete TITLE ☐ Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CrTY-ST-ZIP 12. I hereby certify that the information supplied with this fitting 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 eath; 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 attraction with an address, with all other like empowered. SIGNATURE:

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