


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90160 030 ***150.00

| | |
|--------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P02000002871 |  |
| 1. Entity Name RISING DRAGON USA, INC. | |

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|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Principal Place of Business 1725 S. FEDERAL HWY DELRAY BEACH, FL 33483 | Mailing Address 1725 S. FEDERAL HWY DELRAY BEACH, FL 33483 |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------|

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|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

40077843



03312006 Chg-P CR2E034 (11/05)

4. FEI Number
02-0532570

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

| | |
|----------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent | |
| ZHAO, GANG 1725 S. FEDERAL HWY DELRAY BEACH, FL 33483 | |

| | |
|----------------------------------------------------|-------------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ZHAO, GANG 1725 S. FEDERAL HWY DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MOH, SALLY 1725 S. FEDERAL HWY DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHEN, SU FEN 1725 S. FEDERAL HWY DELRAY BEACH, FL 33483 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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 | <input type="checkbox"/> Delete | 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 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 address, with all other like empowered.

SIGNATURE: X Gang Zhao 4-28-2006 561-278-6225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #