2006 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Feb 14, 2006 8:00 am **Secretary of State DOCUMENT # P02000015790** 1. Entity Name 02-14-2006 90001 020 ***150.00 CHINA FIRST, INC. Principal Place of Business Mailing Address 400 SE CAPITAL CIR. 23-25 400 SE CAPITAL CIR. 23-25 TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 CR2E034 (11/05) 02052006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0596601 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent XIE, XIANG D DO NOT WRITE 400 SE CAPITAL CIR. 23-25 TALLAHASSEE, FL 32301 IN THIS SPACE 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 printe e of registered agent and title (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. n TITLE XIE, XIANG D NAME 400 SE CAPITAL CIR. 23-25 STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301 TITLE ZHENG, ZHI HANG NAME 4665 NESTING TRAIL STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32311 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TIT1 F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davtime Phone #