## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 17, 2006 8:00 am Secretary of State

DOCUMENT # P02000021560  1. Entity Name CHINA QIU, INC.						04-17-2006 9	90373 03	0130	).OO
Principal Plac	ce of Business	Mailing Address			quu	O Toka			
6931 TAFT S	STREET	6931 TAFT STREET							
#5	) [[ 22024	#5	n 4						
HOLLYWOOD, FL 33024 HOLLYWOOD, FL 33024			24						<b>                                    </b>
2. Principal Place of Business 3.		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03182006	Chg-P	CR2E03	34 (11/05)	
City & State		City & State			4. FEI Number 02-05575	535			oplied For ot Applicable
Žip	Country	Zip	Count	try	5. Certificate of			8.75 Add	
	6. Name and Address of Curren	t Registered Agent			7. Name and A	ddress of New R			
07F FD10	3   111   8 4 6 B			Name					
6931 TAF	C HIU MAN T STREET		Street Address		P.O. Box Number	is Not Acceptable	)		
	OOD, FL 33024		Ì						
				City			FL	Zip Cod	
8. The above the obligat	e named entity submits this statement tions of registered agent.	for the purpose of changing its	registere	ed office or register	red agent, or both,	in the State of Flo	rida. I am fa	amiliar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered ages	nt and title if applicable. (NOT	E: Registered	Agent signature required	when reinstating)		DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	9. Election Campa Trust Fund Cont			.00 May Be ed to Fees				
After M	ay 1, 2006 Fee will be \$550 OFFICERS ANI	D DIRECTORS			.00 May Be ed to Fees	HANGES TO OFFI		DIRECTORS	S IN 11
After M.  10. IIILE	ay 1, 2006 Fee will be \$550 OFFICERS ANI	Trust Fund Cont	11.	Add	.00 May Be ed to Fees	HANGES TO OFFI	CERS AND	DIRECTORS	S IN 11
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indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #