


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90062 036 ***150.00

DOCUMENT # P02000039088	
1. Entity Name BLUE DRAGON, INC.	

Principal Place of Business 3487 E. COLONIAL DR., #G32 ORLANDO, FL 32803	Mailing Address 3487 E. COLONIAL DR., #G32 ORLANDO, FL 32803
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2. Principal Place of Business 8022 office ct Suite, Apt. #, etc. Suite # B-South City & State Orlando, FL Zip 32809 Country U.S.A	3. Mailing Address 8022 office ct Suite, Apt. #, etc. Suite # B-South City & State Orlando, FL Zip 32809 Country U.S.A
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03152004 Chg-P CR2E034 (10/03)

4. FEI Number 04-3646881	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CHAU, AGNES 1801 E. COLONIAL DR., STE. 168 ORLANDO, FL 32803

7. Name and Address of New Registered Agent Name Hou, Shan H Street Address (P.O. Box Number is Not Acceptable) 8022 office ct Suite # B-South City Orlando FL Zip Code 32809


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 	Hou, Shan H	3-15-04
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HOU, SHAN H 5916 AUVERS BLVD., #206 ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ZHONG, WEISHENG 5916 AUVERS BLVD., #206 ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 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.	
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SIGNATURE: 	Hou, Shan H	3-15-04	409-319-0018
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>