


FILED
Mar 08, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

| | | |
|--|---|--|
| DOCUMENT # P02000057030 | |  |
| 1. Entity Name CHINA TASTE 1 INC. | | |
| Principal Place of Business 8615 REGENCY PARK BLVD. PORT RICHEY, FL 34668 | Mailing Address 539 N MILLS BLVD ORLANDO, FL 32803 | |
| DO NOT WRITE IN THIS SPACE | | |
| | | 02032006 No Chg-P CR2E034 (11/05) |
| 4. FEI Number 04-3665593 | | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent CAO, CHUN L 8615 REGENCY PARK BLVD. PORT RICHEY, FL 34668 | | DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> 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 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CAO, CHUN L 8615 REGENCY PARK BLVD. PORT RICHEY, FL 34668 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP OU, XIN FANG 8615 REGENCY PARK BLVD PORT RICHEY, FL 34668 | |
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| 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: <u>X</u> <u>2/28/06</u> | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> |
| | | <small>Daytime Phone #</small> |