2008 FOR PROFIT CORPORATION ANNUAL REPORT

J. . .

Feb 21, 2008 08:00 A Secretary of State DOCUMENT # P02000064561 NEW STYLE RESTAURANT INC. Principal Place of Business Mailing Address 1475 PALM COAST PKWY #106 1475 PALM COAST PKWY #106 PALM COAST, FL 32137 PALM COAST, FL 32137 02042008 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 01-0720878 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LIU, JIN QIU 1475 PALM COAST PKWY #106 PALM COAST, FL 32137 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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be U00000833315 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE LIU. JIN QIU NAME STREET ADDRESS 1475 PALM COAST PKWY #106 CITY-ST-ZIP PALM COAST, FL 32137 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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: _

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED