


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90175 048 ***150.00

DOCUMENT # P02000099494 1. Entity Name GOLDEN CHINA RESTAURANT GROUP, INC.					
Principal Place of Business 16080 US 19 N CLEARWATER, FL 33764			Mailing Address 539 N MILLS AVE ORLANDO, FL 32803		
2. Principal Place of Business - No P.O. Box # 2148 49TH ST S		3. Mailing Address Suite, Apt. #, etc. 			
City & State ST PETERSBURG, FL		City & State 		4. FEI Number 59-3443088	
Zip 33707		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZHENG, WEI GONG 16080 US 19 N CLEARWATER, FL 33764				7. Name and Address of New Registered Agent Name DONG, XIANG Street Address (P.O. Box Number is Not Acceptable) 105 LAKE AVE SE City LARGO FL Zip Code 33771	
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 <u>X Dong Xiang</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ZHENG, WEI GONG 16080 US 19 N CLEARWATER, FL 33764	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DONG, XIANG 105 LAKE AVE SE LARGO, FL 33771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DONG, XING HUI 16080 US 19 N CLEARWATER, FL 33764	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DONG, XING HUI 16080 US 19 N ST PETERSBURG, FL 33764
TITLE NAME STREET ADDRESS CITY - ST - ZIP	- - - - -	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	- - - - -
TITLE NAME STREET ADDRESS CITY - ST - ZIP	- - - - -	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	- - - - -
TITLE NAME STREET ADDRESS CITY - ST - ZIP	- - - - -	<input type="checkbox"/> Delete		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: <u>X Dong Xiang</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					

40055927



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