


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90557 032 \*\*\*150.00

<b>DOCUMENT # P02000102801</b> 1. Entity Name <b>NI HAO, INCORPORATED</b>					
Principal Place of Business <b>16861 E. COLONIAL DRIVE ORLANDO, FL 32833</b>			Mailing Address <b>16861 E COLONIAL DR. ORLANDO, FL 32833</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>54-2074220</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>LIANG, BRIAN 1226 E. COLONIAL DRIVE SUITE B ORLANDO, FL 32803</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 PD NAME ZHENG, JUN CHAN STREET ADDRESS 16861 E COLONIAL DR. CITY-ST-ZIP ORLANDO, FL 32833			TITLE PD NAME ZHENG, JUN CHAN STREET ADDRESS 16857 E COLONIAL DR CITY-ST-ZIP ORLANDO FL 32833		
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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 an other like empowered.					
SIGNATURE: _____ Date _____ Daytime Phone # _____					