2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2008 8:00 am Secretary of State 04-25-2008 90108 040 ***150.00

E. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Note N	DOCUMENT # P02000102801 1. Entity Name NI HAO, INCORPORATED					2008 90108 040 ***15	0.00	
Solite, Apil. #, etc. Suite, Apil. #, etc. City & State A. FEI Number 54-2074220 Nex Applied For Status Desired St. 75 Additional For Repairable St. 75 Additional For Repairable Stroot Address of New Registered Agent LIANG, BRIAN 832 N THORNTON AVENUE ORLANDO, FL 32803 City City City City City FL Zip Code 8. The above named entry submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and acc the dollpations of registered agent. SIGNATURE Signature here of givene curve of injutined spen and the flagociative Intel How Will FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 After May 1, 2008 Fee will be \$550.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Committation. Design Intel MAKE ZHENG, JUIN CHAN Design Intel Design Intel MAKE SIREL MORRES OTH-SLIZE ORLANDO, FL 32833 TILE Design Intel MAKE SIREL MORRES OTH-SLIZE ORLANDOS OTH-SLIZE Design Intel MAKE SIREL MORRES OTH-SLIZE ORLANDOS OTH-SLIZE ORLANDOS OTH-SLIZE Design Intel MAKE SIREL MORRES OTH-SLIZE ORLANDOS OTH-SLIZE Design Intel MAKE SIREL MORRES OTH-SLIZE OTH-SLIZE Design Intel MAKE SIREL MORRES OTH-SLIZE OTH-SLIZE Design Intel MAKE SIREL MORRES OTH-SLIZE OTH-SLI	16857 E. COLONIAL DRIVE		16857 E COLONIAL DR.			1871 SZIBE CZBI SZIB 11883 1871 SZIBI 1871	(rpa) () (ap)	
City & State Ci	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Zip Country Zip Country St. 2074220 Not Applied St. 75 Additional For Required St. 75 Additional For	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04222008 Chg-P	CR2E034 (12/06)		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1. Name 1.	City & State		City & State		l .	⊢	oplied For ot Applicable	
LIANG, BRIAN 832 N THORNTON AVENUE ORLANDO, FL 32803 City FL Zip Code 8. The above named entry submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida, I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida, I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida, I am familiar with, and acc state of Florida and the state of Florida an	Zip	<u> </u>		Country		Fee Require		
Street Address (P.O. Box Number is Not Acceptable)	ļ	6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of I	New Registered Agent		
B. 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 acc the obligations of registered agent. SIGNATURE Signature, typical contents of procedure agent and size if appearance Agent sepreture required when centrating) PILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Trust Fund Contribution. 10. \$\frac{1}{2}\$ \times OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIREET ADDRESS CITY-S1-2P TITLE SIREET ADDRESS CITY-S1-2P TITLE SIREET ADDRESS CITY-S1-2P TITLE SIREET ADDRESS CITY-S1-2P TITLE SIRET ADDRESS CITY-S1-2	832 N THO	DRNTON AVENUE			ss (P.O. Box Number is Not Acce			
THE NOWII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 TO. \$\frac{2}{3}\$ OFFICERS AND DIRECTORS \$\frac{1}{3}\$ II. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PO \$\frac{1}{3}\$ ORLANDO, FL 32833 \$\frac{1}{3}\$ ORLANDO, FL 32833 \$\frac{1}{3}\$ ORLANDO SIRRET ADDRESS OITY-S1-2IP TITLE NAME SIRRET ADDRESS OITY-S1-2IP TITLE SIRRET				City		FL Zip Code	9	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10.	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.							
After May 1, 2008 Fee will be \$550.00	SIGNATURE Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
TITLE	FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550		aign Financing tribution.	\$5.00 May Be Added to Fees			
NAME STREET ADDRESS 16857 EXCOLONIAL DR	10.	OFFICERS AND	D DIRECTORS	11.	ADDITIONS/CHANGES TO	O OFFICERS AND DIRECTOR	S IN 11	
STREET ADDRESS CITY-ST-ZIP		PD 🗼	☐ Delete	TITLE			☐ Addition	
CITY-S1-ZIP								
NAME	1							
NAME Delete TITLE Delete TITLE Change Add	TITLE		☐ Delete	TITLE		☐ Change	Addition	
CITY-S1-ZIP		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		-				
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	1							
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	-	☐ Delete	TITLE		Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	•						
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1							
STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE		☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	1							
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Add NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE OCHANGE STREET ADDRESS CITY-ST-ZIP	1							
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CHange Add CHANGE CITY-ST-ZIP CITY-ST-ZIP	TITLE	***************************************	☐ Delete	TITLE	-	☐ Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Add NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	1							
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP								
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE		☐ Change	Addilion	
CITY-SI-ZIP CITY-SI-ZIP	1							
40 Hardy with the late of the second	1							
12. I hereby certify that the information supplied with this fiking does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the informatic 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 eath; that I am an officer or direct 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 1 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE: SIGNATURE Daywere Phone #								