


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90046 033 ***150.00

DOCUMENT # P02000105204
 1. Entity Name
GREAT NATION CANDLE COMPANY



Principal Place of Business Mailing Address
10501 SW 108TH AVENUE SUITE 202 **10501 SW 108TH AVENUE SUITE 202**
MIAMI FL 33176 **MIAMI FL 33176**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country

4. FEI Number **11-3674238** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

34030003



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
LEI XU
10501 SW 108TH AVENUE SUITE 202
MIAMI FL 33176

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WANG, ZHENPING	
STREET ADDRESS	NO. 8 BOWEN ROAD BOYE COUNTY	
CITY-ST-ZIP	HEBEI CHINA 071300	
TITLE	S	<input type="checkbox"/> Delete
NAME	LI, JIANGUO	
STREET ADDRESS	SUITE 303 GUCHENG NANLI, YIHAI TRADE BUILD	
CITY-ST-ZIP	SHIJINGSHAN, BEIJING CHINA 10043	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEI, XU	
STREET ADDRESS	10501 SW 108TH AVENUE, SUITE 202	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE: Xu Lei **Xu Lei** 04/15/2004 3052756668
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #