

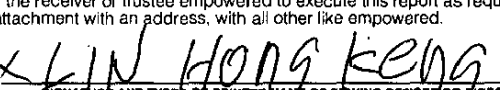


05-03-2004 91000 033 \*\*\*150.00

<b>DOCUMENT # P03000000815</b>						<b>Secretary of State</b> 05-03-2004 91000 033 ***150.00	
<b>1. Entity Name</b> LIN'S CHINA GARDEN, INCORPORATED							
<b>Principal Place of Business</b> 4638 E MICHIGAN STREET ORLANDO, FL 32812				<b>Mailing Address</b> 4638 E MICHIGAN STREET ORLANDO, FL 32812			
<b>2. Principal Place of Business</b>				<b>3. Mailing Address</b>			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
				<b>4. FEI Number</b> 22-3888791		<b>Applied For</b> Not Applicable	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
LIANG, BRIAN 4638 E MICHIGAN STREET ORLANDO, FL 32812				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL Zip Code	
<b>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.</b>							
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: _____							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>				<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b> PD <input type="checkbox"/> Delete				<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>NAME</b> LIN, HONG KENG				<b>NAME</b>			
<b>STREET ADDRESS</b> 4638 E MICHIGAN STREET				<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b> ORLANDO, FL 32812				<b>CITY-ST-ZIP</b>			
<b>TITLE</b> <input type="checkbox"/> Delete				<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>NAME</b>				<b>NAME</b>			
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>				<b>CITY-ST-ZIP</b>			
<b>TITLE</b> <input type="checkbox"/> Delete				<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>NAME</b>				<b>NAME</b>			
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>				<b>CITY-ST-ZIP</b>			
<b>TITLE</b> <input type="checkbox"/> Delete				<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>NAME</b>				<b>NAME</b>			
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>				<b>CITY-ST-ZIP</b>			
<b>TITLE</b> <input type="checkbox"/> Delete				<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>NAME</b>				<b>NAME</b>			
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>				<b>CITY-ST-ZIP</b>			
<b>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.</b>							
<b>SIGNATURE:</b> 				<b>4/26/04</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			