2005 FOR PROFIT CORPORATION

FILED Feb 07, 2005 8:00 am Secretary of State 02-07-2005 90057 037 ***150.00

ANNUAL REPORT

DOCUMENT # P03000000815 1. Entity Name LIN'S CHINA GARDEN, INCORPORATED Principal Place of Business Mailing Address 4638 E MICHIGAN STREET 40013615 **4638 E MICHIGAN STREET** ORLANDO, FL 32812 ORLANDO, FL 32812 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01282005 Chg-P CR2E034 (10/03) Applied For 4. FEI Number City & State City & State 22-3888791 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LIANG, BRIAN 4638 E MICHIGAN STREET ORLANDO, FL 32812 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 famil the obligations of registered agent DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. PD ☐ Delete TITLE Change Addition TITLE LIN, HONG KENG NAME NAME STREET ADDRESS STREET ADDRESS 4638 E MICHIGAN STREET CITY-ST-ZIP ORLANDO, FL 32812 CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 dame appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. A NING OFFICER OR DIRECTOR Daytime Phone is