2008 FOR PROFIT CORPORATION

FILED -**ANNUAL REPORT** Jan 14, 2008 08:00 AM **Secretary of State** DOCUMENT # P03000001777 ROYAL INN INVESTMENT INC Principal Place of Business Mailing Address 2900 S PINE AVE 2900 S PINE AVE. OCALA, FL 34471 OCALA, FL 34471 01032008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1166719 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WANG, RONG HWA DO NOT WRITE 2900 S PINE AVE OCALA, FL 34471 IN THIS SPACE 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. Signature, typed or printed name or registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE WANG, RONG HWA NAME STREET ADDRESS 2900 S PINE AVE CITY-ST-ZIP OCALA, FL 34471 VP TITLE 000000783548 01/16/03-80019-006 150.00 LIU, MEI YUN STREET ADDRESS 2900 S PINE AVE CITY-ST-ZIP OCALA, FL 33471 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CJJY-ST-ZIP

> ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND T

Daytime Phone #