2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 14, 2005 8:00 am DOCUMENT # P03000030898 Secretary of State 1. Entity Name 03-14-2005 90094 047 ***150.00 DING HAO, INC. Principal Place of Business Mailing Address 6800 GULFPORT BLVD. 6800 GULFPORT BLVD. 40140104 STE 105 S. PASADENA FL 33707 STE 105 S. PASADENA FL 33707 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 84-1620295 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAM, HUNG Street Address (P.O. Box Number is Not Acceptable) 801 62ND AVE., S ST. PETERSBURG FL 33705 City 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, Wood or printed name of registered agent and little if applicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. TITLE **X** Delete TITLE Change ☐ Addition DAM, HUNG NAME NAME STREET ADDRESS 801 62ND AVE., S. STREET ADDRESS ST. PETERSBURG FL 33705 CITY-ST-ZIP CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE Change ■ Addition NAME CHAU, TRAN NAME CHAU, TRAN STREET ADDRESS STREET ADDRESS 801 62ND AVE., S. GEND AVE, S, ST. PETERSBURG FL 33705 CITY-ST-ZIP CITY-ST-ZIP PERSBURG FL 33705 ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

FILED