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May 27, 2004 8:00 am
Secretary of State
04-28-2004 90199 001 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/28/

DOCUMENT # P03000057350

1. Entity Name
AMERICA UNITED TIMBERING & DECORATION GROUP, INC.

Principal Place of Business	Mailing Address
640 GRANDIFLORA DR ORLANDO, FL 32811	640 GRANDIFLORA DR ORLANDO, FL 32811

04262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 1265 S. Semoran Blvd, Suite 1201	Suite, Apt. #, etc. PO. BOX 781235
City & State Winter Park,	City & State Orlando
Zip FL 32792 Country	Zip FL 32878 Country

4. FEI Number
26-0065706
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SIU, RACHEL 640 GRANDIFLORA DR ORLANDO, FL 32811	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 _____ 04-22-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	WANG, JIN LONG		NAME	DE LEON, CARLOS	
STREET ADDRESS	11012 SYLVAN POND CR		STREET ADDRESS	640 GRANDIFLORA DR	
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE	D	☐ Delete	TITLE	VPD	☒ Change ☐ Addition
NAME	DE LEON, CARLOS		NAME	JINLONG WANG	
STREET ADDRESS	640 GRANDIFLORA DR		STREET ADDRESS	11012 SYLVAN POND CIR	
CITY-ST-ZIP	ORLANDO, FL 32811		CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE		☐ Delete	TITLE	VPD	☐ Change ☒ Addition
NAME			NAME	MINSHENG XIE	
STREET ADDRESS			STREET ADDRESS	9349 TEIFER RUN	
CITY-ST-ZIP			CITY-ST-ZIP	ORLANDO, FL 32817	
TITLE		☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME			NAME	XUEZHEN TIAN	
STREET ADDRESS			STREET ADDRESS	686 RIVERVIEW DR	
CITY-ST-ZIP			CITY-ST-ZIP	COLUMBUS, OH 43202	
TITLE		☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME			NAME	XUEMING HUANG	
STREET ADDRESS			STREET ADDRESS	9349 TEIFER RUN	
CITY-ST-ZIP			CITY-ST-ZIP	ORLANDO, FL 32817	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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 name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE _____ 04-22-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #