



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P03000087400</b> 1. Entity Name <b>CHINA TASTE II INC</b>	
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Principal Place of Business <b>4447 COMMONS DR UNIT K103 DESTIN, FL 32541 US</b>	Mailing Address <b>539 N MILLS AVE ORLANDO, FL 32803 US</b>
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03272007	No Chg-P CR2E034 (11/05)
4. FEI Number <b>20-0138361</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>YU, JIAN-XIN 4447 COMMONS DR UNIT K103 DESTIN, FL 32541</b>
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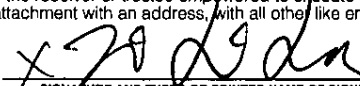
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YU, JIAN-XIN 4447 COMMONS DR UNIT K103 DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHEN, JING 4447 COMMONS DR UNIT K103 DESTIN, FL 32541
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12. I hereby 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.	
<b>SIGNATURE:</b> 	<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>
Date	Daytime Phone #