## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 24, 2005 08:00 AM Secretary of State **DOCUMENT # P03000087488** 1. Entity Name SHI DRAGON TYLER, INC. Principal Place of Business Mailing Address 1021 HIGHLAND AVE. NE 1021 HIGHLAND AVE. NE **LARGO FL 33770 LARGO FL 33770** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 11-3699902 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 Name SALEH, BASSAM J Street Address (P.O. Box Number is Not Acceptable) 110 S MANHATTAN AVE. 64 TAMPA FL 33609 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 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 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 TritE ☐ Change ☐ Addition Delete SHI, XIAODAN NAME STREET ADDRESS 1455 CROYDON DR. STREET ADDRESS CLEARWATER FL 33756 CITY-ST-ZIP CHY-ST-ZIP VP HILE ☐ Delete DIEF Change ☐ Addition SHI, ZUGUAN NAME MAME STREET ADDRESS 1455 CROYDON DR. STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33756 CITY-ST-ZIP ☐ Delete TITLE HILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THEF Change Addition NAME NAME U000000241011 STREET ADDRESS STREET ADDRESS 02/24/05-80026-018 150.00 CITY-ST-ZIP CITY-ST-7IP Change ☐ Delete ☐ Addition TITLE HHE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE THILE NAME NAME STREET ADDRESS STREET ADDRESS CaTY+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.

FILED

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