

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000091402**

1. Entity Name  
**ZHAO INTERNATIONAL, INC.**



Principal Place of Business  
**253 EAST VIRGINIA STREET  
TALLAHASSEE, FL 32301 US**

Mailing Address  
**253 EAST VIRGINIA STREET  
TALLAHASSEE, FL 32301 US**



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number **51-0478852** { Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**HEBROCK, BILL J  
3263 SHANNON LAKES NORTH  
TALLAHASSEE, FL 32309**

**DO NOT WRITE  
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 of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restatesting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**1000000396729  
01/19/06-80011-006 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**COBD  
ZHAO, MINGBO  
115 SOUTH QUARRY STREET, SUITE 11  
ITHACA, NY 14850**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
STEINER, WILLIAM G  
8143 EAST CHESHIRE ROAD  
ORANGE, CA 92867**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
HEBROCK, BILL J  
3263 SHANNON LAKES NORTH  
TALLAHASSEE, FL 32309**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PCEO  
HEBROCK, BILL J  
3263 SHANNON LAKES NORTH  
TALLAHASSEE, FL 32309**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-12-06 850-222-1988**