2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State
01-25-2007 90044 049 ***150.00

DOCUMENT # P03000099545

1. Entity Name
DISTINGUISHED DRAGON, INC.

Principal Place of Business	Mailing Address
11741 NW 31ST ST. SUNRISE, FL 33323	11741 NW 31ST ST. SUNRISE, FL 33323

01202007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
7012 NW 108 AVE		7012 NW 108 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: TAMARAC, FLORIDA		City & State: TAMARAC, FLORIDA	
Zip: 33321	Country: U.S.A.	Zip: 33321	Country: USA

4. FEI Number: 56-2405688 ☐ 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
KERN, JOSEPH 11741 NW 31ST ST. SUNRISE, FL 33323	Name: KERN, JOSEPH Street Address (P.O. Box Number is Not Acceptable): 7012 NW 108 AVE City: TAMARAC FL Zip Code: 33321

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
After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	D KERN, JOSEPH 11741 NW 31ST ST. SUNRISE, FL 33323	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KERN, JOSEPH 7012 NW 108 AVE. TAMARAC, FLORIDA, 33321	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERN, MEIRONG 11741 NW 31ST ST. SUNRISE, FL 33323	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KERN, MEIRONG 7012 N.W. 108 AVE. TAMARAC, FLORIDA, 33321	☑ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] 1/20/2007 954-854-1565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #