2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 25, 2005 08:00 AM Secretary of State **DOCUMENT # P03000105120** 1. Entity Name GAO LIN, INC. Principal Place of Business Mailing Address 859 NOB HILL ROAD 859 NOB HILL ROAD PLANTATION, FL 33324 PLANTATION, FL 33324 CR2E034 (10/03) 04042005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 20-0252165 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LIN, GUO QING DO NOT WRITE 859 NOB HILL ROAD PLANTATION, FL 33324 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 reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE LIN, GUO QING NAME STREET ADDRESS 859 NOB HILL ROAD U00000328097 CITY-ST-ZIP PLANTATION, FL 33324 -04/25/05-80064-012 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

TIT) F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP



FILED

Daytime Phone #