


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000110173
1. Entity Name
NEW TUNG TUNG RESTAURANT, INC.



Principal Place of Business: 10829 NORTH 56TH ST. TEMPLE TERRACE, FL 33617
Mailing Address: 10829 NORTH 56TH ST. TEMPLE TERRACE, FL 33617

DO NOT WRITE IN THIS SPACE



02222007 No Chg-P CR2E034 (11/05)

4. FEI Number: 54-2129287 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JIANG, BI Y
10829 NORTH 56TH ST.
TEMPLE TERRACE, FL 33617

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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 _____ (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

U00000654481
03/13/07-80063-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JIANG, BI Y
STREET ADDRESS	10829 NORTH 56TH ST.
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617
TITLE	VD
NAME	JIANG, JIAN F
STREET ADDRESS	10829 NORTH 56TH ST.
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #