2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 8:00 am Secretary of State

DOCUMENT # P03000130543 1. Entity Name FENG LIANG, INC.								04-18-2005	90343 04:	5 ***150	0.00
Principal Place of Business Mailing Address							7				
1285 W PALMETTO PARK ROAD BOCA RATON, FL 33486				1285 W PALMETTO PARK ROAD Boca Raton, Fl. 33486					1.	500	38556
									<u> </u>		
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			04072005	Chg-P	CR2E03	4 (10/03)	
City & State				City & State			4. FEI Numb				oplied For ot Applicable
Zip	Country			ľip'	Coun	try	5. Certificate of Status Desired - \$8.75 Additional Fee Required				
-	6. Name	and Address of Curre	nt Regist	ered Agent	<u> </u>		7. Name and	Address of New F			
5						Name					
CHEN, FENG 1285 W PALMETTO PARK ROAD BOCA RATON, FL 33486						Street Addres	s (P.O. Box Numb	er is Not Acceptable	9)		
		•									
··· 🔥 ;		i i				City	*		FĻ	Zip Cod	le
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											
Fit. After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 5 Fee will be \$550		9. Election Campa Trust Fund Con			5.00 May Be dded to Fees				
10.	OFFICERS AND DIRECTORS					 1	ADDITIONS	CHANGES TO OFF	***************************************		
TITLE NAME	PD Delete					E				☐ Change	☐ Addition
STREET ADORESS CITY-ST-ZIP	1285 W PALMETTO PARK ROAD BOCA RATON, FL 33486					ET ADDRESS					
TITLE				☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADORESS CITY-ST-ZIP						E ET ADDRESS -ST-ZIP				-	
TITLE		-		Delete	TITLE					☐ Channe	Addition -
NAME					NAM						
STREET ADORESS						ET ADDRESS					ļ
CHTY-ST-ZIP	<u> </u>			П.		-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP	:			☐ Delete		l l				Change	Addition
TITLE	<u> </u>			☐ Delete	TITLE					Change	Addition
NAME					NAM	E					
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS •ST~ZIP					
TITLE				_ Delete	TITLE		-			☐ Change	☐ Addition
NAME				-	NAM	1		• .			
STREET ADDRESS CITY-ST-ZIP					- 6	ET ADDRESS -ST-ZIP					
12. I hereby of indicated of the cor	on this reportion or t	e information supplied w rt or supplemental repor he receiver or trustee en achment with an address	t is true a rpowered	nd accurate and that r to execute this report	r the exer ny signal as requi	mption stated in ture shall have th	ie same legal effe	ct as if made under	oath; that I ar	n an officer	or director

SIGNATURE:

INVATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oate

Daytime Phone #