
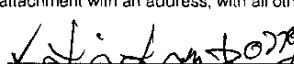


2005 FOR PROFIT CORPORATION ANNUAL REPORT -

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90189 048 ***150.00

DOCUMENT # P04000011730					
1. Entity Name FU SING, INC.					
Principal Place of Business 6507 W WATERS AVE TAMPA, FL 33634			Mailing Address 6507 W WATERS AVE TAMPA, FL 33634		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-0543575	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LIU, LIAN DONG 6507 W WATERS AVE TAMPA, FL 33634				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$5.00 May Be Added to Fees			\$8.75 Additional Fee Required		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE : DPS <input type="checkbox"/> Delete NAME : LIU, LIAN DONG STREET ADDRESS : 6507 W WATERS AVE CITY-ST-ZIP : TAMPA, FL 33634			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE : <input type="checkbox"/> Delete NAME : STREET ADDRESS : CITY-ST-ZIP :			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE : <input type="checkbox"/> Delete NAME : STREET ADDRESS : CITY-ST-ZIP :			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 4/26/05					
Daytime Phone #: 813-889-8888					

50048553



04142005 Chg-P CR2E034 (10/03)