2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 11, 2005 8:00 am Secretary of State DOCUMENT # P04000020930 1. Entity Name 05-11-2005 90130 044 ***150.00 CHINALINK INTERNATIONAL, INC. Principal Place of Business Mailing Address 67575W88ST #C-203 67575WBBST #C-203 Miami, FL 33156 Miami, FL 33156 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) 4. FEI Number 20-0680995 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZHANG, FANG FANG Street Address (P.O. Box Number is Not Acceptable) 6757 SW 885T #C-203 Miami, FL 33156 Zip Code FL 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, great or printed nerms of registered agont and their abstractive (NCTE Regulated Agent Lightstore required whim consisting) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. FIG.8 ☐ Defeto ini.E MAME ZHANG, FANG FANG NAME 6757 SW 88STREET #C-203 STREET ADDRESS STREET ACORESS MIAMI FL 33156 DITY-ST ZIP CHY - 51 - ZIP Delete TOTAL Change Addition Hits HAME STREET ADDRESS STREET ADDRESS CHY-\$1-762 CHY-ST 7/P Change iti_E Detete 1.1.6 ☐ Addition MANU NAME STREET ADDRESS STREST ADDRESS DEC 51-79 CHY ST AP HILE Delete Change Addition NAME HAME STREET ALORESS STREET ADDRESS CITY-51- JP CITY - ST - 7IP Delete Change Addition nne MAME NAME SIRSET ADDRAISS STREET ADDRESS CITY ST 7IP CRY SI DR Change Delete THE Addition 1.11 NAME STREET ADDRESS STREET ADDRESS DIY ST 70 CITY-ST-ZP

12. Thereby 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 each, that I arn 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 expowered.

SIGNATURE:

FILED