

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000022394

1. Entity Name
YUN TIAN INC.



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

05-04-2005 90150 049 ***150.00

Principal Place of Business 20680 NE 4 CT #205 N MIAMI, FL 33179		Mailing Address 20680 NE 4 CT #205 N MIAMI, FL 33179	
2. Principal Place of Business 10036 #E W MCNAB RD		3. Mailing Address 10036 #E W MCNAB RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAMARAC, FL		City & State TAMARAC, FL	
Zip 33321	Country 33321	Zip 33321	Country
6. Name and Address of Current Registered Agent CHEN, RUI YUN 20680 NE 4 CT #205 N MIAMI, FL 33179		7. Name and Address of New Registered Agent Name CHEN, RUI YUN Street Address (P.O. Box Number is Not Acceptable) 10036 #E W MCNAB RD	
		City TAMARAC	
		FL Zip Code 33321	



04252005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0760103	Applied For
	Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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 reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>PSTD CHEN, RUI YUN 20680 NE 4 CT #205 N MIAMI, FL 33179</p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>10036 #E W MCNAB RD TAMARAC, FL 33321</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
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<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	

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

4/28/05

Date

Daytime Phone #