



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000108869</b>		
1. Entity Name NEW CHINA OF ZHENG YANG, INC.		
Principal Place of Business 13650 FIDDLESTICKS BLVD STE #106 FT MYERS, FL 33912	Mailing Address 13650 FIDDLESTICKS BLVD STE #106 FT MYERS, FL 33912	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent  FEN YAN, ZHENG 8961 FALCON POINTE LOOP FT MYERS, FL 33912		02222007    No Chg-P    CR2E034 (11/05)
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.		4. FEI Number 55-0875939
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE: _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE	P	DO NOT WRITE IN THIS SPACE
NAME	FEN YAN, ZHENG	
STREET ADDRESS	8961 FALCON POINTE LOOP	
CITY-ST-ZIP	FT MYERS, FL 33912	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: _____    Daytime Phone #: _____