## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 28, 2005 8:00 am Secretary of State

DOCUMENT # P04000112344  1. Entity Name CHINA MAX EDISON, INC.						04-28-2005 90182 043 ***150.00					
Principal Place 1221 E. ROB ORLANDO, FL	INSON ST.	Mailing Address 1221 E. ROBINSON ST. ORLANDO, FL 32801	221 E. ROBINSON ST.			14004158					
4125	lace of Business  C RVR and RVR  #, etc.	3. Mailing Address 4125 Cleveland Ave Suite. Apt. #. etc. #94 City & State			04	262005	Chg-P	CR2E0	034 (10/03)	plied For	
FOYT MY	ers	Fort Myers,	Count		-	<del>20 -</del>	14534		— <del></del>	t Apolicable	
330	6. Name and Address of Current F	33901	I				of Status Desired  Address of New		Fee Required		
		registered Agent			ODFA	KK	D. /	n UFO	R	701	
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 trile if applicable (NOTE Registered Agent aignature required when reinstating)  DATE											
FILE NOWIII FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Added to Fees											
10.	OFFICERS AND I		11.			DOITIONS/C	HANGES TO O	FFICERS ANI		S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHIANG, MAO-CHIN 1221 E. ROBINSON ST. ORLANDO, FL 32801	<b>▼</b> Delete	1	ET ADDRESS ST-ZIP	PD KATY 901	CH Cli	IANG iford o	st,#	Change 103	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WANG, YOU-YI 1221 E. ROBINSON ST. ORLANDO, FL 32801	Delete		ET ADDRESS S1-ZIP	FOYC	M Per	rs, FL	<u> ३३</u> ९०।	Change	Addition	
TITLE NAME SIREET ADDRESS CITY-ST-ZIP	TD CHEN, QIANG 1221 E. ROBINSON ST. ORLANDO, FL 32801	Delete		1					Change.	_ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete						· ''' <del></del>	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	CITY-	ET ADDRESS ST-ZIP					☐ Change	☐ Addition	
12. I hereby a indicated of the cor changed	certify that the information supplied with I on this reportor supplemental reports reporation or the requiver or trustee empor , or on an attachment with an address in	this filing does not qualify for true and accurate and that movered by execute this report a withfall other like empowered.	the exer ly signat as requir	mption stated i ture shall have red by Chapter	n Section the same r 607, Flo	119.07(3)(i legal effect rida Statutes	), Florida Statute as if made und s; and that my na	s. I further ce er oath; that I ame appears	rtify that the in am an officer in Block 10 or	nformation or director Block 11 if	