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FILED
May 31, 2005 8:00 am
Secretary of State
04-04-2005 90091 005 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

66020139

DOCUMENT # P04000115736

1. Entity Name
DOBTY MANAGEMENT., INC.

03202005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
11010 YORKSHIRE RIDGE COURT ORLANDO, FL 32837	3315 ARCOLA ROAD COLLEGEVILLA, PA 19426

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 627 Rollins Drive	Suite, Apt. #, etc.: 627 Rollins Drive
City & State: Davenport	City & State: Davenport
Zip: 33837 Country: U.S.A.	Zip: 33837 Country: U.S.A

4. FEI Number: 20-1226236 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SONG, JIAN
11010 YORKSHIRE RIDGE COURT
ORLANDO, FL 32837

7. Name and Address of New Registered Agent

Name: Song, Jian
Street Address (P.O. Box Number is Not Acceptable): 627 Rollins Drive
City: Davenport FL Zip Code: 33837

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: X _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution: ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SHEN, ZHONG 3315 ARCOLA ROAD COLLEGEVILLE, PA 19426	☐ Delete	P Shen, Zhong 8836 Via Bella Notte Orlando, FL 32836	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GM ZHA, LINDA 11010 YORKSHIRE RIDGE COURT ORLANDO, FL 32837	☐ Delete	GM Zha, Linda 627 Rollins Drive Davenport, FL 33837.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: X _____ 03/30/05 4074845233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)