2006 FOR PROFIT CORPORATION **FILED** ANNUAL REPORT (AR) Jan 23, 2006 08:00 AM CUMENT # P04000118808 **Secretary of State ZHU CORPORATION** ۲ Pi [Place of Business Mailing Áddress 3705 LAKE EMMA ROAD LAKE MARY FL 32746 CAKE EMMA ROAD MARY FL 32746 3 2. ioal Place of Business 3. Mailing Address Apl. # etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For 4. FEI Number City & State 20-1493643 Not Applicat Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WANG, GUO HUA \$705 LAKE EMMA ROAD LAKE MARY FL 32746 Street Address (P.O. Box Number is Not Acceptable) Zip Code above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and acceptable 8 obligations of registered agent. S if registered agent and tillo if applicable (NOTE Registered Agent signature required when remaining) FILE NOW!!! FEE IS \$150.00 Ner May 1, 2006 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May E Trust Fund Contribution. Added to Fees nneck Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 1 OFFICERS AND DIRECTORS 11. ☐ Activit 7t ☐ Delete TITLE ☐ Change 000000336273 N WANG, GUO HUA NAME 01/30/06-80002-025 150.00 STREET ADDRESS s 3705 LAKE EMMA ROAD. CETY-ST-718 C LAKE MARY FL 32746 π ☐ Change STD ☐ Delete DILE N MAME CHEN, BAO ZHU S 3705 LAKE EMMA ROAD STREET ADDRESS CUTY-ST-ZIP C LAKE MARY FL 32746 ☐ Change D Addition Delete NAME STREET ADDRESS S ъ CITY-ST-ZIP ☐ Change ☐ Aif: ☐ Delete TITLE STREET ADDRESS C CITY-ST-ZIP Dolete RUE Change Change SIABAF STREET ADDRESS CITY-ST-ZIP ☐ Delete 3(7) [Change NAME 8 STREET ADDRESS CITY-ST-ZIP £

thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information relicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or direction 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 1 changed, or on an attachment with an address, with all other like empowered.

GUOHLIA WANG

NATURE:

01-19-06