2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 02, 2005 8:00 am Secretary of State **DOCUMENT # P04000124226** 05-02-2005 90423 035 ***150.00 NEW CHUN BO . INC. Principal Place of Business Mailing Address 3211 SOUTH U.S. 1 3211 SOUTH U.S. 1 FORT PIERCE, FL 34982 FORT PIERCE, FL 34982 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 57-121213 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LIU, GUI Y Street Address (P.O. Box Number is Not Acceptable) 3211 SOUTH U.S. 1 FORT PIERCE, FL 34982 Zip Code 8. The above named price 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 sinlegmane of registered agent and title if applicable Signature, typed-(NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS:\$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE ☐ Detete TITLE ☐ Change CHAN, ZHI T NAME NAME 3211 SOUTH U.S.# STREET ADDRESS STREET ADDRESS FORT PIERCE, FL 34982 CITY-ST-ZIP CITY-ST-ZIP VP TITLE . ☐ Delete TITLE □ Change ☐ Addition LIU, GUI Y NAME MAME 3211 SOUTH U.S. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT PIERCE, FL 34982 CITY-ST-ZIP TITLE Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete FITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STRÉET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TETLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

Daytime Phone #