2007 FOR PROFIT CORPORATION

Apr 30, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P04000125516** 04-30-2007 90464 017 ***150.00 1. Entity Name CHINA ONE INC. Principal Place of Business Mailing Address 218 W WASHINGTON STREET 218 W WASHINGTON STREET CHATTAHOOCHEE, FL 32324 CHATTAHOOCHEE, FL 32324 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 04212007 Chg-P CR2E034 (12/06) Applied For 4. FEI Number City & State City & State 56-2487436 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHEN, ZHEN D Street Address (P.O. Box Number is Not Acceptable) 218 W WASHINGTON STREET CHATTAHOOCHEE, FL 32324 City Zip Code 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 title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CHEN, ZHEN D NAME 218 W WASHINGTON STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHATTAHOOCHEE, FL 32324 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Defete TITLE TABLE ☐ Channe ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this fiting 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR

□ Delete

Date

Daytime Phone #

☐ Change

■ Addition

FILED