2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000132952

1. Entity Name
WOK N ROLL AT OCALA, INC.

Principal Place of Business	Mailing Address
303 SE 17TH STREET STE 103 OCALA, FL 34471 US	2 MOTT STREET SUITE 505A NEW YORK, NY 10013 US

DO NOT WRITE IN THIS SPACE

03072007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-1671670	Not Applicable

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

6. Name and Address of Current Registered Agent

LIN, ZHUO LIANG
303 SE 17TH STREET
STE 103
OCALA, FL 34471

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IN THIS SPACE

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	LIN, ZHUO LIANG
STREET ADDRESS	303 SE 17TH STREET, STE 103
CITY-ST-ZIP	OCALA, FL 34471
TITLE	SEC
NAME	LIN, XIONG
STREET ADDRESS	303 SE 17TH STREET, STE 103
CITY-ST-ZIP	OCALA, FL 34471
TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

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04/20/07-80003-005 150.00

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

SIGNATURE: X _____   04/09/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #