


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 11, 2005 8:00 am**  
**Secretary of State**

08-11-2005 90004 026 \*\*\*150.00

<b>DOCUMENT # P04000144767</b>	
1. Entity Name <b>CHINA DRAGON IN FORT MYERS, INC.</b>	

Principal Place of Business <b>13650 FIDDLESTICKS BLVD. SUITE #106 FORT MYERS, FL 33912</b>	Mailing Address <b>13650 FIDDLESTICKS BLVD. SUITE #106 FORT MYERS, FL 33912</b>
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**50061095**



2. Principal Place of Business <b>6810 Shoppes At plantation Suite, Apt. #, etc. #2 City &amp; State Fort Myers FL Zip 33912</b>	3. Mailing Address <b>6810 Shoppes At plantation Suite, Apt. #, etc. Dr. # 02 City &amp; State Fort Myers FL Zip 33912</b>
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08032005 Chg-P CR2E034 (10/03)

4. FEI Number <b>06-1752851</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>FEN YAN, ZHENG 13650 FIDDLESTICKS BLVD. SUITE #106 FORT MYERS, FL 33912</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

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	PD FEN YAN, ZHENG 13650 FIDDLESTICKS BLVD., APT #1733 FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHSONN, ISAAC ZHEN 13650 FIDDLESTICKS BLVD., APT #1733 FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

ATTACHMENT

50061.095 -

DIVISION OF CORPORATION  
P.O. BOX 1500  
TALLAHASSEE, FL. 32302-1500

CHINA DRAGON IN FORT MYERS, INC.  
DOCUMENT #004000144767

DEAR SIRs,

WE HAVE NEVER RECEIVED YOUR NOTICE OF RENEWAL.

AND WE ARE FILING OUR ANNUAL REPORT, 2006

ENCLOSED PLEASE FIND A CHECK OF \$150.00 FOR THE FEE.

PLEASE WAIVE THE POSSIBLE PENALTY. THANKS A LOT

FEN YAN ZHENG

X   
PRESIDENT

CALLER 1-800-829-4933

ATTACHMENT #50061095  
#P04000144767

Form **SS-4**

# Application for Employer Identification Number

(Rev. December 2001)  
Department of the Treasury  
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN

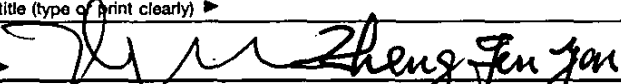
OMB No. 1545-0003

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <b>CHINA DRAGON IN FORT MYERS, INC.</b>		
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>13650 FIDDLSTICKS BLVD, SUITE #106</b>		5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code <b>FORT MYERS, FL. 33912</b>		5b City, state, and ZIP code
	6 County and state where principal business is located <b>LEE</b>		
	7a Name of principal officer, general partner, grantor, owner, or trustor <b>ZHENG FEN YAN</b>		7b SSN, ITIN, or EIN <b>101-84-3624</b>
8a Type of entity (check only one box)			
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ <b>11205</b> <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____			
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____			
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State <b>FLORIDA</b>	Foreign country
9 Reason for applying (check only one box)			
<input checked="" type="checkbox"/> Started new business (specify type) ▶ <b>RESTAURANT SERVING FOOD</b> <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____			
<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____			
10 Date business started or acquired (month, day, year) <b>09/01/2005</b>		11 Closing month of accounting year <b>DECEMBER</b>	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . . ▶ <b>10/31/2005</b>			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0-". . . . . ▶		Agricultural	Household
		Other <b>3</b>	
14 Check one box that best describes the principal activity of your business.			
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) <b>RESTAURANT SERVING FOOD</b>			
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <b>RESTAURANT</b>			
16a Has the applicant ever applied for an employer identification number for this or any other business? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____			
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____			

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name <b>JOHN HSIUNG</b>		Designee's telephone number (include area code) <b>(813) 882-3561</b>
	Address and ZIP code <b>7005 SHENANDOAH CT. TAMPA, FL. 33615</b>		Designee's fax number (include area code) <b>(813) 888-7999</b>

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶		Applicant's telephone number (include area code) <b>(239) 243-5095</b>
Signature ▶  <b>Zheng Fen Yan</b>		Applicant's fax number (include area code) <b>(239) 561-3688</b>
Date ▶ <b>8/3/2005</b>		