2005 FOR PROFIT CORPORATION ANNUAL REPORT

2005 FOR PROFIT CORPORATION ANNUAL REPORT					FILED Apr 12, 2005 8:00 am Secretary of State				
DOCUMENT # P04000149727 1. Entity Name NO. 1 CHINA INC.					S	04-12-2005 90156 0			
Principal Place of Business Mailing Address			L						
305-A BLANDING BLVD			305-A BLANDING BLVD						
ORANGE PAH	K, FL 32073	ORANGE PARK, FL 32	2073						
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #. etc.		03312005	Chg-P CR	2E034 (10/03)			
City & State		City & State			4. FEI Numb	er 0651741	No	plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired _	\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New Register	ed Agent		
WANG, FL	ISHENG		ſ	Name					
305-A BLA	NDING BLVD PARK, FL 32073		5	Street Address (P.O. Box Number is Not Acceptable)					
UNANGEI	PARK, FL 32073								
				Dity		[Zip Code	э	
the obligat SIGNATURE_	named entity submits this statement for ions of registered agent	and the Lappicable,	IS: Registered Ag	ent signature required		DA			
10. TITLE	OFFICERS AND		11. MILE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO					
NAME	WANG, FUSHENG		NAME						
STREET ADDRESS CITY-ST-ZIP	305-A BLANDING BLVD ORANGE PARK, FL 32073		STREET A						
TILE		Delete	TITLE				Change	Addition	
NAME STREET ADDRESS			NAME	000000					
CITY-ST-ZIP			STREET A CITY-ST-	J					
TITLE	+	Del <u>e</u> te	TITLE		-	······································	Change	Addition	
NAME STREET ADDRESS			NAME STREET A	DARKS					
CITY-ST-ZIP			CITY-ST-						
TITLE		Delete	TALE				Change	Addition	
NAME STREET ADDRESS			STREET A	DORESS				1	
CITY-ST-ZIP			CITY-ST-			•			
TITLE		Delete	TITLE				Change	Addition	
NAME STREET ADDRESS	•		NAME STREET A	DDRESS					
CITY - ST- ZIP	· · · · · · · · · · · · · · · · · · ·		CITY-ST-	ZIP					
TITLE NAME		Delete	TITLE				🔲 Change	Addition	
STREET ADDRESS			NAME STREET AU	DORESS					
CITY-ST-ZIP			CITY-ST-						
of the cor	tertify that the information supplied with on this report or supplemental report in portation or the receiver or trustee emp or on an attachment with an address.	s true and accurate and that i owered to execute this report	my signature t as required	i shali have the 🤇	ame legal effec	t as it made under oath: tha	t Lemen officer	or director	
	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER	ORDIRECTOR		-	Date	Dayline Phone *		