


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jul 05, 2007 08:00 AM
Secretary of State

| | |
|------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P05000008090 |  |
| 1. Entity Name DELAND CHINA BUFFET, INCORPORATED | |

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|--------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Principal Place of Business 1206 N WOODLAND BLVD. DELAND FL 32720 | Mailing Address 1206 N WOODLAND BLVD. DELAND FL 32720 |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------|



| | | | |
|-------------------------------------------------------|----------------|---------------------------|----------------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

1st MOORE CR2E034 (10/06)

| | | | |
|--------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------|--|
| 4. FEI Number 20-2166720 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| HE, LI LING 1206 N WOODLAND BLVD. DELAND FL 32720 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 HE, LI LING 1206 N WOODLAND BLVD. DELAND FL 32720 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | U00000767112 07/06/07-80001-004 550.00 <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 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: LI LING HE **6-29-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #