2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: ¥

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

May 01, 2006 8:00 am Secretary of State 05-01-2006 90376 045 ***150.00 DOCUMENT # P05000010652 CLASSIC FLORIDA INVESTMENT INC. Principal Place of Business Mailing Address 40074530 8567 LA ISLA DRIVE 8567 LA ISLA DRIVE EMERALD ISLAND RESORT EMERALD ISLAND RESORT KISSIMMEE, FL 34747 KISSIMMEE, FL 34747 2. Principal Place of Business 3. Mailing Address RD 52 RILEY RD 52 RILEY Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 04242006 Chg-P #356 井 ろぢし Applied For 4. FEI Number City & State City & State 20-221527 CELEBRATION Not Applicable ELEBRATION, FL \$8.75 Additional us 5. Certificate of Status Desired us 34747 Fee Required 7. Name and Address of New Registered Agent ____ 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) QIAO, CHANGYU 8567 LA ISLA DRIVE **EMERALD ISLAND RESORT** KISSIMMEE, FL 34747 52 RILEY RD # 756. Zip Code 3 4747 FL for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement the obligations of registered ager SIGNATURE X DATE Signature, typed or on (NOTE: Registered Agent signature regured when remstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS Change ☐ Addition TITLE ☐ Delete TITLE QIAO, CHANGYU QIAO, CHANGYU NAME NAME 52 RILEY RD. AL356 3856 MARCY STREET STREET ADDRESS STREET ADDRESS CITY-ST ZIP MOHEGAN LAKE, NY 10547 CITY-ST-ZIP CELEBRATION, EL 34747 Change Addition TITLE ☐ Delete TITLE NAME MAME LIU. JIA LIU, JIA 3958 MARCY STREET STREET ADDRESS STREET ADDRESS 52 RILEY RD. #156 CITY ST ZIP MOHEGAN LAKE, NY -10547 CHY-S1-ZIP CELEBRATION, FL34747 Change Delete TITLE Addition NAME STREET ADDRESS STHEET AUDRESS CITY ST-ZIP City St ZIP Change ■ Addition PILE ☐ Delete TITLE NAME MALAE STREET ADDRESS STREET ADDRESS CITY-ST ZIP CHY-ST-ZIP ☐ Change Addition DIRE ☐ Delete HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST ZIP Delete TITLE Change Addition DILL NAME NAME STREET ADDRESS STREET ADDRESS CDY-ST-7P City-ST ZIP 12. Thereby 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 it 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.

FILED

Daytime Phone #