


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90153 017 \*\*\*150.00

**DOCUMENT # P05000012370**  
1. Entity Name  
XIAO LONG GOOD FORTUNE, INC.



Principal Place of Business: 1030 58TH ST N, ST PETERSBURG, FL 33710  
Mailing Address: 1030 58TH ST N, ST PETERSBURG, FL 33710

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: [Blank]  
City & State: [Blank]  
Zip: [Blank] Country: [Blank]



02122006 Chg-P CR2E034 (11/05)

4. FEI Number: **01-0850771** Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent: QIN LU, LONG, 1030 58TH ST N, ST PETERSBURG, FL 33710

7. Name and Address of New Registered Agent: Name: [Blank], Street Address (P.O. Box Number is Not Acceptable): [Blank], City: [Blank], State: **FL**, Zip Code: [Blank]

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 \$150.00 After May 1, 2006 Fee will be \$550.00**

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: DP<br>NAME: <b>LONG QIN LU</b><br>STREET ADDRESS: 1030 58TH ST N<br>CITY-ST-ZIP: ST PETERSBURG, FL 33710 | <input type="checkbox"/> Delete | TITLE: [Blank]<br>NAME: [Blank]<br>STREET ADDRESS: [Blank]<br>CITY-ST-ZIP: [Blank] | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: [Blank]<br>NAME: [Blank]<br>STREET ADDRESS: [Blank]<br>CITY-ST-ZIP: [Blank]                              | <input type="checkbox"/> Delete | TITLE: [Blank]<br>NAME: [Blank]<br>STREET ADDRESS: [Blank]<br>CITY-ST-ZIP: [Blank] | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: [Blank]<br>NAME: [Blank]<br>STREET ADDRESS: [Blank]<br>CITY-ST-ZIP: [Blank]                              | <input type="checkbox"/> Delete | TITLE: [Blank]<br>NAME: [Blank]<br>STREET ADDRESS: [Blank]<br>CITY-ST-ZIP: [Blank] | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: [Blank]<br>NAME: [Blank]<br>STREET ADDRESS: [Blank]<br>CITY-ST-ZIP: [Blank]                              | <input type="checkbox"/> Delete | TITLE: [Blank]<br>NAME: [Blank]<br>STREET ADDRESS: [Blank]<br>CITY-ST-ZIP: [Blank] | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: [Blank]<br>NAME: [Blank]<br>STREET ADDRESS: [Blank]<br>CITY-ST-ZIP: [Blank]                              | <input type="checkbox"/> Delete | TITLE: [Blank]<br>NAME: [Blank]<br>STREET ADDRESS: [Blank]<br>CITY-ST-ZIP: [Blank] | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: [Blank]<br>NAME: [Blank]<br>STREET ADDRESS: [Blank]<br>CITY-ST-ZIP: [Blank]                              | <input type="checkbox"/> Delete | TITLE: [Blank]<br>NAME: [Blank]<br>STREET ADDRESS: [Blank]<br>CITY-ST-ZIP: [Blank] | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: LONG QIN LU DATE: 3/1/06 DAYTIME PHONE #: 727-345-9788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR