

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

05-27-2008 90034 011 \*\*\*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



04212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 01-0850771	Applied For Not Applicable
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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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
\*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LONG, QIN LU 1030 58TH ST N ST PETERSBURG, FL 33710
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**DO NOT WRITE IN THIS SPACE**

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: *X Qin Lu Long*

Date: *4/30/08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #