2007 FOR PROFIT CORPORATION ANNUAL REPORT

2007 APR -2 PM 12: 12 **DOCUMENT # P05000037094** 1. Entity Name SECRE LANGE FLORIDA CHINA WAH ON EIGHTY-EIGHT, INC. Principal Place of Business Mailing Address **6288 COMMERCIAL WAY** 7-8 CHATHAM SQUARE WEEKI WACHEE, FL 34613 SUITE 802 NEW YORK, NY 10038 02262007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-2475303 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Recuired 6. Name and Address of Current Registered Agent CHEN, PING Q DO NOT WRITE 430 PACKWOOD AVE E 201 IN THIS SPACE MAITLAND, FL 32751 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 _______Signature, typed or printed name of registated agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CHEN, PING Q NAME STREET ADDRESS 430 PACKWŐOD AVE E 201 CITY-ST-7/P MAITLAND, FL 32751 TITLE LEE, ANTHONY MALE STREET ADDRESS 430 PACKWOOD AVE E 201 CITY-ST-ZIP MAITLAND, FL 32751 TITLE CHEN, SHUI XING STREET ADDRESS 430 PACKWOOD AVE E. SUITE 201 DO NOT WRITE MAITLAND, FL 32751 CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MATURE AND TYPED OR PRINTED HAME OF BIGHING OFFICER OR DIRECTOR

/26/07 (312)597-78/8

03-28-2007, 90020 030 ***150.00