


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90009 043 ***150.00

DOCUMENT # P05000040509 1. Entity Name FEI WANG, INC.			
Principal Place of Business 132-140 S NOVA ROAD ORMOND BEACH, FL 32174 US		Mailing Address 132-140 S NOVA ROAD ORMOND BEACH, FL 32174 US	
2. Principal Place of Business - No P.O. Box # 132 S NOVA RD Suite, Apt. #, etc. STE 140 City & State ORMOND BEACH, FL Zip 32174-6115 Country USA		3. Mailing Address 132 S. NOVA RD Suite, Apt. #, etc. STE 140 City & State ORMOND BEACH, FL Zip 32174-6115 Country USA	
6. Name and Address of Current Registered Agent ZHANG, FEI YAN 132-140 S NOVA ROAD ORMOND BEACH, FL 32174		7. Name and Address of New Registered Agent Name ZHANG, FEI YAN Street Address (P.O. Box Number is Not Acceptable) 132 S. NOVA RD STE 140 City ORMOND BEACH FL 32174 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 <i>[Signature]</i> 2/23/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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	P ZHANG, FEI YAN <input checked="" type="checkbox"/> Delete 132-140 S NOVA ROAD ORMOND BEACH, FL 32174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ZHANG, FEI YAN 132 S. NOVA RD STE 140 ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete ZHANG, CHAO 132-140 S NOVA ROAD ORMOND BEACH, FL 32174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ZHANG, CHAO 132 S. NOVA RD STE 140 ORMOND BEACH, FL 32174
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
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
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
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
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2/23/08 <small>Date Daytime Phone #</small>	