2006 FOR PROFIT CORPORATION

Apr 10, 2006 8:00 am Secretary of State **ANNUAL REPORT** 04-10-2006 90297 013 ***150.00 **DOCUMENT # P05000047513** 1. Entity Name YANG'S INVESTMENT, INC. Principal Place of Business Mailing Address 240 N. CONGRESS AVENUE 240 N. CONGRESS AVENUE **BOYNTON BEACH, FL 33426 BOYNTON BEACH, FL 33426** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042006 CR2E034 (11/05) City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YANG, LI LIANG 240 N. CONGRESS AVENUE Street Address (P.O. Box Number is Not Acceptable) BOYNTON BEACH, FL 33426 City Zip Code FL 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 registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. \Box Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition YANG, LI LIANG NAME NAME 240 N. CONGRESS AVENUE STREET ADDRESS STREET ADDRESS BOYNTON BEACH, FL 33426 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition DONG, XIU JUAN NAME NAME STREET ADDRESS 240 N. CONGRESS AVENUE STREET ADDRESS CITY-ST-7IP BOYNTON BEACH, FL 33426 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COY-ST-7IP TITLE ☐ Defete TITLE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

FILED

Daytime Phone #

☐ Change

☐ Addition