## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000052971  1. Entity Name CHINA BUFFET IN WOODLAND BLVD, INC.							FILED					
							:	06 JUN -8	PH	2: 29		
Principal Place of Business				iling Address	1	İ	DECRETARY OF STATE					
1206 N WOODLAND BLVD DELAND, FL 32720 US				1206 N WOODLAND BLVD Deland, Fl 32720 US			ALLAHAŠSĒĒ, FLORIDA					
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			S	iuile, Apt. #, etc.	-		02032006 Chg-P CR2E034 (11/05)					
City & State			C	City & State		4. FEI Numb	36>685	3		plied For x Applicable		
Zip	Country			lip	Coun	фy		of Status Desired		\$8.75 Add	fitional	
	6. Name ar	nd Address of Currer	nt Regist	ered Agent	Į.	<del></del>	7. Name and	Address of New R	edistered		-	
						Name -		-	-			
LIU, BI SHENG 1206 N WOODLAND BLVD						Street Address	P.O. Box Numb	er is Not Acceptable	)			ļ
DELAND, FL 32720									··-			
						City			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 X polarine (vice Pres dent) 4-17-06												
ASignatible, typed or printed near high registered agent and side? applicable. (IAC)TE: Registered Agent storieture required when reveluting)  OATE												
		EE IS \$150.00 Fee will be \$550	0.00	9. Election Campa Trust Fund Con			.00 May Be led to Fees				į	
10.	·	OFFICERS AN	D DIREC	TORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE NAME	P	NO		☐ Delete	FITLE NAM	- 1				Change	Addition [	
STREET ADDRESS	LIU, BI SHENG 1206 N WOODLAND BLVD					ET ADDRESS						
CITY-ST-ZIP	DELAND, FI	L 32720				- ST- ZIP					ł	
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TITLE				☐ Delete	UTLE					Change	Addition	
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CITY-ST-ZIP						·SI-ZIP					<b>`</b>	
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TITLE				☐ De lets	DIT	ŀ	04	110		Change	☐ Addition	
STREET ADDRESS	-				NASK STRE	E ADORESS		6/12				
CITY-SI-ZIP						-ST-ZIP		·			]	
12. I hereby certify that the information supplied with this filing deep not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information												
12. I hereby certify that the Information supplied with this filing does not qualify for the exemptions contained in Chepter 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 eath; that I am an officer or director of the corporation or the receiver or utside empowered at 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.												
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SIGNATURE: PLANS TYPED ON PRINCE MAINS OF BOOMS OFFICER ON DIRECTOR DIRECTO												
l		MONATURE AND TYPED O		THE OF SCHOOL OFFICER	URRECT	nues.		CAST		APPLEIS PROPER		