


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2006 8:00 am**  
**Secretary of State**

03-02-2006 90005 004 \*\*\*150.00

<b>DOCUMENT # P05000059672</b> 1. Entity Name YONGYAN HEALTH INDUSTRY INTERNATIONAL GROUP, INC.	
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Principal Place of Business 1422 NW 20TH STREET HOMESTEAD, FL 33030-2807	Mailing Address 1422 NW 20TH STREET HOMESTEAD, FL 33030-2807
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2. Principal Place of Business 13188 SW 91 PL Suite, Apt. #, etc.	3. Mailing Address 13188 SW 91 PL Suite, Apt. #, etc.
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City & State MIAMI, FL	City & State MIAMI, FL
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Zip 33176	Country U.S.	Zip 33176	Country U.S.
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40022447



01142006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2733511	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ZHANG, JIU Y 1422 NW 20TH STREET HOMESTEAD, FL 33030-2807
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7. Name and Address of New Registered Agent	
Name ZHANG, JIU Y	
Street Address (P.O. Box Number is Not Acceptable) 13188 SW 91 PL	
City MIAMI	FL Zip Code 33176

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: 02/27/2006

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST ZHANG, JIU Y 1422 NW 20TH STREET HOMESTEAD, FL 330302807 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	13188 S.W. 91 PL MIAMI, FL 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director QIU, MEI Y 13188 SW 91 PL MIAMI, FL 33176 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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.
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SIGNATURE:  DATE: 02/27/2006 786-283-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR