



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000109383 1. Entity Name CHINA ORGANIC AGRICULTURE, INC.					
Principal Place of Business E. PING FENG XIANG ZHENG FU, QIAN GUO DIS. JILIN PROVINCE, SONGYUAN CITY P.R. CHINA, XX				Mailing Address CHINA US BRIDGE CAPITAL 10880 WILSHIRE BLVD., STE. II 2250 LOS ANGELES, CA 90024	
2. Principal Place of Business - No P.O. Box # E. PING FENG XIANG ZHENG FU, QIAN GUO DISTRICT		3. Mailing Address 10880 WILSHIRE BLVD		<div style="font-size: 24pt; font-weight: bold; margin-bottom: 10px;">40038741</div> 	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. STE. 2250			
City & State SONGYUAN CITY, JILIN PROVINCE		City & State LOS ANGELES, CA			
Zip 131108		Country P. R. CHINA		4. FEI Number 20-3505071	
Zip 131108		Country P. R. CHINA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	CEO XU, CHANGQING <input type="checkbox"/> Delete JILIN PROVINCE SONGYUAN CITY ERMA PAO GREE SONGYUAN CITY JILIN PROVINCE, PR CHINA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CHANGQING XU <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition E. PING FENG XIANG ZHENG FU, QIAN GUO DISTRICT SONGYUAN CITY, JILIN PROVINCE, P.R. CHINA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOS GUO, XUEFENG <input type="checkbox"/> Delete JILIN PROVINCE SONGYUAN CITY ERMA PAO GREE SONGYUAN CITY JILIN PROVINCE, PR CHINA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO AND SECRETARY XUEFENG GUO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition E. PING FENG XIANG ZHENG FU, QIAN GUO DISTRICT SONGYUAN CITY, JILIN PROVINCE, P.R. CHINA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WUJAO, SHUJIE <input type="checkbox"/> Delete E. PING FENG XIANG ZHENG FU, QIAN GUO DIS. P.R. CHINA,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN AND DIRECTOR HUIZHI XIAO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition E. PING FENG XIANG ZHENG FU, QIAN GUO DISTRICT SONGYUAN CITY, JILIN PROVINCE, P.R. CHINA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D XIAO, HUIZHI <input type="checkbox"/> Delete E. PING FENG XIANG ZHENG FU, QIAN GUO DIS. P.R. CHINA,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SHUJIE WU <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition E. PING FENG XIANG ZHENG FU, QIAN GUO DISTRICT SONGYUAN CITY, JILIN PROVINCE, P.R. CHINA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MA, JINGYONG <input type="checkbox"/> Delete JILIN PROVINCE SONGYUAN CITY ERMA PAO GREE SONGYUAN CITY JILIN PROVINCE, PR CHINA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ZHOUZHE JIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition E. PING FENG XIANG ZHENG FU, QIAN GUO DISTRICT SONGYUAN CITY, JILIN PROVINCE, P.R. CHINA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JIN, XHOUXHE <input type="checkbox"/> Delete JILIN PROVINCE SONGYUAN CITY ERMA PAO GREE SONGYUAN CITY JILIN PROVINCE, PR CHINA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JINGYONG MA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition E. PING FENG XIANG ZHENG FU, QIAN GUO DISTRICT SONGYUAN CITY, JILIN PROVINCE, P.R. CHINA	
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: <u>许长清</u> 2/21/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					