2008 FOR PROFIT CORPORATION

<u>X/U</u>

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 11, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P05000134494** 04-11-2008 90050 033 ***150 00 1. Entity Name TOP BUFFET INC. Mailing Address Principal Place of Business 4 0 0 0 0 0 2 -9618 U.S. HWY 301 S. 9618 U.S. HWY 301 S. RIVERVIEW, FL 33569 RIVERVIEW, FL 33569 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02232008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 87-0768392 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZHENG, XIU H Street Address (P.O. Box Number is Not Acceptable) 10 PALM HARBOR VILLAGE WAY PALM COAST, FL 32137 City 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. Sloreture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be \Box . After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Detete ☐ Addition TITLE TITLE ☐ Change ZHENG, XIU H , Name NAME STREET ADDRESS 10 PALM HARBOR VILLAGE WAY STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32137 City-St-ZIP VD .. TITLE ☐ Delete TITLE Change ■ Addition NAME ZHENG, TIAN X NAME STREET ADDRESS 10 PALM HARBOR VILLAGE WAY STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32137 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME LAN, YI MING NAME STREET ADDRESS 10 PALM HARBOR VILLAGE WAY STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32137 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED