## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 27, 2007 8:00 am Secretary of State DOCUMENT # P05000151599 1. Entity Name 04-27-2007 90202 031 \*\*\*150.00 YUARN INTERNATIONAL, INC. Principal Place of Business Mailing Address 433 COTTAGEWOOD LN 433 COTTAGEWOOD LN WEST PALM BEACH, FL 33411 WEST PALM BEACH, FL 33411 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04162007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-3801724 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.\_Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YUAN, JIANGLIN Street Address (P.O. Box Number is Not Acceptable) 433 COTTAGEWOOD LN WEST PALM BEACH, FL 33411 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE Change Addition YUAN, JIANGLIN 433 Cottagewood Ln. YUAN, HUILIANG NAME NAME STREET ADDRESS 22140 GREENWICH COURT W. STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33428 CITY-ST-ZIP Royal Palm Read, FL VΡ ☐ Delete Change TITLE TITLE Addition NAME YUAN, HUILIANG NAME STREET ADDRESS 121 SUNNY POINT CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAGRANGE, GA 30240 VP TITLE ☐ Delete ☐ Change ☐ Addition YUAN, JOHN J STREET ADDRESS 121 SUNNY POINT CIR STREET ADDRESS CITY-ST-ZIP LAGRANGE, GA 30240 CITY-ST-7/P ☐ Delete TITLE ☐ Change ☐ Addition TITLE DONGOA, OLIVER NAME NAME 6820 SW 37TH ST STREET ADDRESS STREET ADDRESS MIRAMAT, FL 33023 CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change TITLE Addition AO, OLIVER D NAME NAME 433 COTTAGEWOOD LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33411 CITY-ST-7/P □ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS TESTEGARDO O CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not quelify 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:

ING OFFICER OR DIRECTOR

561-6834633

**FILED**