

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P06000005388

1. Entity Name

CHINA GARDEN III INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9846 STRINGFELLOW RD #C2	3. Mailing Address Suite, Apt. #, etc.					
City & State SAINT JAMES CITY, FL		City & State				
Zip 33956	Country	Zip	Country			
<p>DO NOT WRITE IN THIS SPACE</p>				4. FEI Number 20-4125033	Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
				7. Name and Address of Current 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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT QUO QIU LIN 9846 STRINGFELLOW #C2 SAINT JAMES CITY, FL 33956	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *X-Planned Transplant Inc*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/07

Date

Daytime Phone #

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90023 017 ***150.00

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