2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 08, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # P06000007 ABRASIVE INC.	323	7			03-31-200	08 90005 037	***150.00
Principal Plac	e of Business	Mailing Address			٦			
333 BEI ER LU 6050 W. EASTWOOD DONGYING SHI SHANDONG SHENG, SD 25709-5 CH #201 CHICAGO, IL 60630 US					6	6010014		
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4352 S. Kirkman Rd. 4352 S. Kirkman Rd.						# 48.U	1 EN E112 1111 1111 E11	
4352 S. Kirkman Rd 4352 S. Kirkman Rd Suite, Apt. 4, etc. Suite, Apt. 4, etc.					4			
APT 1202 APT 1202					03252008	Chg-P	CR2E034 (12/0	6)
City & State Orlando, FL Orlando FL Orlando FL			FL		4. FEI Numb		\mapsto	Applied For Not Applicable
Zip ユンタ	Country	Zip ろングリ	Coun	"USA	5. Certificate	e of Status Desired	□ \$8.75 A	
320	6. Name and Address of Current F		L	<u>~~</u>	7. Name and	d Address of New R		·+
		Name						
PACIFIC REGISTERED AGENTS, INC. 92 SADBERRY ROAD QUINCY, FL 32351				Street Address (P.O. Box Number is Not Acceptable)				
				City			FL Zip C	oda
8. The above	named entity submits this statement for	the ourgone of changing its	register	ed office or registe	red agont or by	wh in the State of Flo	. —	
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, inpact or grunds fame of registered agent and tale if applicable. (#101E: Registered Agent algoriting required when reinstalling) DATE								
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550,00 9. Election Campaign Financing \$5.00 May Be Added to Fees								
10,	OFFICERS AND I	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFFI	CERS AND DIRECTO	RS IN 11
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12. I hereby certify that the information supplied with this filing does not quality 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 eath; 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: F								
	SIGNATURE AND TYPED OR P	INTED NAME OF BIOMPHO OFFICER	OR DIRECT	OR		Oute	Daytme Phone s	. —— j