
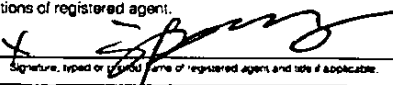
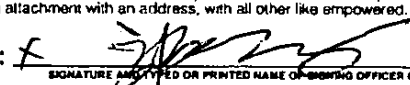


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-31-2008 90005 037 ***150.00

DOCUMENT # P06000007323			
1. Entity Name XIAOYU ABRASIVE INC.			
Principal Place of Business 333 BEI ER LU DONGYING SHI SHANDONG SHENG, SD 25709-5 CH #201		Mailing Address 6050 W. EASTWOOD CHICAGO, IL 60630 US	
2. Principal Place of Business - No P.O. Box # 4352 S. Kirkman Rd. Suite, Apt. #, etc. APT 1202 City & State Orlando, FL Zip 32811 Country USA		3. Mailing Address 4352 S. Kirkman Rd. Suite, Apt. #, etc. APT 1202 City & State Orlando, FL Zip 32811 Country USA	
03252008 Chg-P CR2E034 (12/06)		4. FEI Number 98-0482207	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PACIFIC REGISTERED AGENTS, INC. 92 SADBERRY ROAD QUINCY, FL 32351		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	PD GUO, PENG LAI 333 BEI ER LU DONGYING SHI SHANDONG SHENG, SD 257095 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUO, PENG LAI 4352 S. Kirkman Rd Apt. Orlando, FL 32811 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date Daytime Phone #	

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