
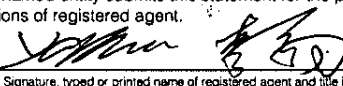
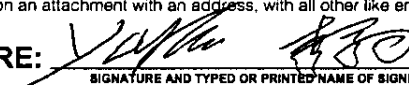


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90238 017 \*\*\*150.00

<b>DOCUMENT # P06000007887</b> 1. Entity Name <b>YIN JING ENTERTAINMENT, INCORPORATED</b>					
Principal Place of Business <b>11427 ARBORSIDE BEND WAY WINDERMERE, FL 34786</b>			Mailing Address <b>11427 ARBORSIDE BEND WAY WINDERMERE, FL 34786</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3679513</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LI, YAN XI 11427 ARBORSIDE BEND WAY WINDERMERE, FL 34786</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE <b>4-30-08</b>	
SIGNATURE 				(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LI, YAN XI</b>			NAME	
STREET ADDRESS	<b>11427 ARBORSIDE BEND WAY</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>WINDERMERE, FL 34786</b>			CITY-ST-ZIP	
TITLE	STD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JIANG, CHANG R</b>			NAME	
STREET ADDRESS	<b>11427 ARBORSIDE BEND WAY</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>WINDERMERE, FL 34786</b>			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE: 				DATE <b>4-30-08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	