2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

1/ DOCUMENT # P06000008413 01-24-2008 90044 013 ***158.75 CHEUNG XIN. INC. Principal Place of Business Mailing Address **385 COMMERCE WAY** 385 COMMERCE WAY 66002853 LONGWOOD, FL 32750 LONGWOOD, FL 32750 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072008 CR2E034 (12/06) City & State Applied For City & State 26-2101482 Not Applicable Zip Country Zip 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 **DULIN, RAMSEY W** 201 EAST PINE STREET Street Address (P.O. Box Number is Not Acceptable) **SUITE 425** ORLANDO, FL 32801-2717 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 rematating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWI!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete MLE ☐ Change ☐ Addition TITLE SCHIANO, BIAGIO MALET NAME 385 COMMERCE WAY STREET ADDRESS STREET ADORESS CITY-ST-ZIP LONGWOOD, FL 32750 CITY-ST-ZIP ☐ Delete ☐ Change TILLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE Delete ITTLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-71P Delete MTLE ☐ Change ☐ Addition TITLE NAME HALAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete រោរ ☐ Change ☐ Addition NAME NAME

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.

STREET ADDRESS

STREET ADDRESS CITY-SI-7P

CITY-ST-ZIP

MAME

☐ Delete

CICNATIDE.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZP

TITLE

MALE

Biagro Soniano 118/2008

☐ Change

■ Addition

FILED Mar 07, 2008 8:00 am Secretary of State