FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90028 038 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000010311

1. EntityName
TENGDAENTERPRISES,INCORPORATED

40043587

PrincipalPlaceofBusiness	MailingAddress
5438 CENTRAL FLORIDA PARKWAY ORLANDO, FL 32821	5438 CENTRAL FLORIDA PARKWAY ORLANDO, FL 32821

03072008 Chg-P CR2E034(12/06)

2. PrincipalPlaceofBusiness - No P.O.Box#		3. MailingAddress	
Suite.Apt.#.etc.		Suite,Apt.#,etc.	
City&State		City&State	
Zip	Country	Zip	Country

4. FEINumber 20-4145277 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent	7. NameandAddressofNewRegisteredAgent
LAU,CHUNSUN 5438CENTRALFLORIDAPARKWAY ORLANDO,FL32821	Name StreetAddress (P.O.BoxNumberisNotAcceptable) City **FL** ZipCode

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,i ntheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE ______________________
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenre instating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS			11. ADDITIONS/CHANGESTOOFFICERSANDDIRECTORSIN11		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LAU,CHUNSUN		NAME		
STREETADDRESS	5438CENTRALFLORIDAPARKWAY		STREETADDRESS		
CITY-ST-ZIP	ORLANDO,FL32821		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FAN,KWOKHING		NAME		
STREETADDRESS	5438CENTRALFLORIDAPARKWAY		STREETADDRESS		
CITY-ST-ZIP	ORLANDO,FL32821		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SONG,KUN		NAME		
STREETADDRESS	10120BLAZEDTREECT		STREETADDRESS		
CITY-ST-ZIP	ORLANDO,FL32821		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREETADDRESS			STREETADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREETADDRESS			STREETADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREETADDRESS			STREETADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. Iherebycertifythattheinformationsuppliedwiththis filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector ofthecorporationorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter607,FloridaStatutes;an dthatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwithanaddress,withallotherlikeempowered.

SIGNATURE: ______________________ 3.8.08
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#