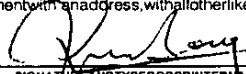


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-12-2008 90028 038 ***150.00

DOCUMENT# P06000010311 1. EntityName TENGDA ENTERPRISES, INCORPORATED					
PrincipalPlaceofBusiness 5438 CENTRAL FLORIDA PARKWAY ORLANDO, FL 32821			MailingAddress 5438 CENTRAL FLORIDA PARKWAY ORLANDO, FL 32821		
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	
5. CertificateofStatusDesired ☐				AppliedFor NotApplicable	
6. NameandAddressofCurrentRegisteredAgent LAU,CHUNSUN 5438CENTRALFLORIDAPARKWAY ORLANDO,FL32821				7. NameandAddressofNewRegisteredAgent Name StreetAddress (P.O.BoxNumberisNotAcceptable) City FL ZipCode	
8. Theabovenamedentitysubmits thisstatementfor thepurposeofchangingitsregisteredofficeorregisteredagent,orboth, intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when 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 NAME STREETADDRESS CITY - ST - ZIP	PD LAU,CHUNSUN 5438CENTRALFLORIDAPARKWAY ORLANDO,FL32821	☐ Delete		TITLE NAME STREETADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY - ST - ZIP	SD FAN,KWOKHING 5438CENTRALFLORIDAPARKWAY ORLANDO,FL32821	☐ Delete		TITLE NAME STREETADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY - ST - ZIP	D SONG,KUN 10120BLAZEDTREET ORLANDO,FL32821	☐ Delete		TITLE NAME STREETADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREETADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREETADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREETADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. Iherebycertifythattheinformationsuppliedwiththis filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIam an officerordirector ofthecorporationorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter607,FloridaStatutes;an changed,oronanattachmentwithanaddress,withallotherlikeempowered.					
SIGNATURE: 		Date 3.8.08		DaytimePhone#	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40043587



03072008 Chg-P CR2E034(12/06)