2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State 01-16-2007 90211 033 ***150.00 DOCUMENT # P06000053306 1. Entity Name SHANGHAI GRAND, INC. Principal Place of Business Malling Address 2919 NORTH MILITARY TRAIL 2919 NORTH MILITARY TRAIL 60001292 WEST PALM BEACH, FL 33409 WEST PALM BEACH, FL 33409 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082007 Chq-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 33-1136710 Not Applicable Zip Country Zio 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 CHEUNG, Kwok Hung LEW, KWAI K 2919 NORTH MILITARY TRAIL Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH, FL 33409 2919 North Military Trail Zip Cc333409 <u>West Palm Beach</u> 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Kowk Hung Cheung Boy-stored Agent agnature required when renotatings 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP TITLE Defete Addition TITLE Change DP NAME LEW, KWAI KUAN NAME CHEUNG, Kwok Hung STREET ADDRESS 2919 NORTH MILITARY TRAIL STREET ADDRESS 2919 North Military Trail CITY - ST-ZIP WEST PALM BEACH, FL 33409 CITY - ST - ZIP West Palm beach, F1 33409 ☐ Change TITLE ☐ Delote TITLE MAME NAME CHEUNG, Yuet Kwan STREET ADDRESS STREET ADDRESS 2919 Nórth Military Trail CITY ST-ZIP CITY-ST-ZIP West Palm beach, Fl 33409_ Gharge Addition ULLE ☐ Delete THILE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP ☐ Delete THEF Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP TITLE Defete TOLE ☐ Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST ZIP TITLE ☐ Delete TITLE ☐ Change ■ 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.

heung ORECTOR

FILED Jan 16, 2007 8:00 am