2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 13, 2008 08:00 AN Secretary of State **DOCUMENT # P06000131537** 1. Entity Name TIAN HAO, INC. Principal Place of Business Mailing Address 2451 CENTERGATE DR 2451 CENTERGATE DR APT. #204 APT. #204 MIRAMAR, FL 33025 MIRAMAR, FL 33025 DO NOT WRITE IN THIS SPACE, 02052008 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 20-5715606 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHAI, YONG DO NOT WRITE 2451 CENTERGATE DR APT. #204 IN THIS SPACE MIRAMAR, FL 33025 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 reinstating) U00000825847 FiLE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be 02/21/08-80028-002 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE CHAI, YONG NAME STREET ADDRESS 2451 CENTERGATE DR. APT. #204 CITY-ST-ZIP MIRAMAR, FL 33025 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY+ST - ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davime Phone #

FILED