01/21/2008 14:09 407-895-3090 BRIAN LIANG

FILED
Mar 07, 2008 8:00 am
Secretary of State
01-28-2008 90036 013 ***158.75

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000015412

1. EntityName
OCEANCHINAIMPORT&EXPORTTRADING, INCORPORATED

66002776

PrincipalPlaceofBusiness	MailingAddress
827 SOUTH WOODLAND BLVD DELAND, FL 32720	827 SOUTH WOODLAND BLVD DELAND, FL 32720

01232008 Chg-P CR2E034(12/06)

2. PrincipalPlaceofBusiness - No P.O.Box#		3. MailingAddress	
1531 Hanks Ave		1531 Hanks Ave	
Suite,Apt #,etc. Orlando, Fl		Suite,Apt #,etc. Orlando, Fl	
City&State 32814		City&State 32814	
Zip	Country Orange	Zip	Country Orange

4. FEINumber 208365406 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☑ $8.75 Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent
HO,MANDA
827SOUTHWOODLANDBLVD
DELAND,FL32720

7. NameandAddressofNewRegisteredAgent
Name Ho, Man Da
StreetAddress (P.O.BoxNumberisNotAcceptable)
1531 Hanks Ave
City Orlando FL ZipCode 32814

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,i nthe StateofFlorida. Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE Man Da Ho 1/23/08
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenreinstating) 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 HO,MANDA 827SOUTHWOODLANDBLVD DELAND,FL32720	☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	PD Ho, Man Da 1531 Hanks Ave Orlando, Fl 32814	☑ Change ☐ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	TSD CHAN,MELINDA 827SOUTHWOODLANDBLVD DELAND,FL32720	☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	TSD Chan, Melina 1531 Hanks Ave Orlando Fl 32814	☑ Change ☐ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ 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;thatIamanofficerordirector ofthecorporationorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter607, FloridaStatutes;an dthatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwith anaddress, withallotherlikeempowered.

SIGNATURE: Man Da Ho 1/23/08 (407)394-8034
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#