FILED Mar 21, 2008 8:00 am Secretary of State

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	ANNUAL REPORT	
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	ANNUAL	. REPORT			SCCIC	tary or S	iaic		
DOCU 1. Entity Nam	MENT # P07000044		03-21-20	08 90025 046 ***1	50.00				
	Y GREAT WALL CHINESE								
Principal Plac	e of Business	Mailing Address		\$00¢	12000				
820 PALM B Palm Bay, F		820 PALM BAY ROAD Palm Bay, Fl 32905							
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03182008	Chg-P	CR2E034 (12/06)			
City & Stat	е	City & State		4. FEI Num	0-8819	7000 No	oplied For ot Applicable		
Zip	Country	Zip	Zip Country			5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent		7. Name an	d Address of New	Registered Agent			
CHEN XIA	ANG JIN		Name						
CHEN, XIANG JIN 820 PALM BAY ROAD PALM BAY, FL 32905			Street Add	Street Address (P.O. Box Number is Not Acceptable)					
	.,,								
			City		·	FL Zip Cod	le		
8. The above the obligat	named entity submits this statement for tions of registered agent.	or the purpose of changing its re	egistered office or re	gistered agent, or b	oth, in the State of	Florida. I am familiar with,	and accept		
SIGNATURE.	Signature, typed or printed name of registered agent	and tide if applicable. (NOTE:	Registered Agent signature	required when reinstating)		DATE			
		,							
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.			\$5.00 May Be Added to Fees			:		
10.	OFFICERS AND		11.	ADDITION	CHANGES TO O	FFICERS AND DIRECTOR			
TITLE NAME	CHEN, XIANG JIN	☐ Delete	TITLE NAME			☐ Change	Addition		
STREET ADDRESS	820 PALM BAY ROAD		STREET ADDRESS						
CITY-SI-ZIP	PALM BAY, FL 32905		CITY-ST-ZIP						
TITLE	TSD	☐ Delete	TITLE			☐ Change	☐ Addition		
NAME STREET ADDRESS	CHEN, HAN		NAME						
CITY-ST-ZIP	820 PALM BAY ROAD PALM BAY, FL 32905		STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Defete	TITLE			☐ Change	Addition		
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition		
NAME CIDEET ADDRESS			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE NAME		☐ Delete	TITLE			☐ Change	Addition		
STREET ADDRESS			NAME STREET ADDRESS				-		
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition		
STREET ADDRESS			STREET ADDRESS				. /		
CITY-ST-ZIP			CITY-ST-ZIP				·		
macarea	certify that the information supplied with on this report or supplemental report i	s irue and accurate and that my	rennatika ehali hav	a tha cama lana) attr	act ac if made unde	ar aath: that I am an allica:	or director		
		410 4004 610 6110 (18)	A PLICATOR O STIGIL HAV	o mo samo iegai elle	oc as il lilade una	er dath; that I am an onicer ame appears in Block 10 o	OF CITIESCION		

3/18/08 (321) 722 - 3113

Date Daytime Phone #