## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 22, 2005 8:00 am Secretary of State

Principal Place of Business 2701 N POIXY POINT DR 2701 N POIX POIX POIX POINT DR 2701 N POIX POIX POIX POIX POIX POIX POIX POIX	DOCUMENT # P  1. Entity Name  U.S. CHEM RESOURC		02-22-2005	90016 010 **	**150.00					
Surie, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Applied for 59-30951666  North Applicable for 59-3095166  North Applicable for 59-30951666  No	2701 N ROCKY POINT DR 2701 N ROCKY POINT DR SUITE 1030									
City & State  Ci	2. Principal Place of Business	NC 3. M	-	7 C						
September   Sept	Suite, Apt. #, etc.	Su	ite, Apt. #, etc.			02152005	Chg-P	CR2E034 (10	/03)	
S. Certificate of Status Desired   Fee Required   F	City & State	· Ci	ty & State				166			
Name   Carolyn   Action   Street Address (P.O. Both Nymber is Not Acceptable)	Zip Cou	ntry Zi	0	Country		5. Certificate of	Statús Desired			
THAN PACKY POINT DR  STEEL 1030  TAMPA, FL 33607  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 affect the obligations of registered different with and affect the obligations of registered agent, or both, in the State of Florida. I am familiar with, and affect the obligations of registered agent, or both, in the State of Florida. I am familiar with, and affect the obligations of registered agent, or both, in the State of Florida. I am familiar with, and affect the obligations of registered agent, or both, in the State of Florida. I am familiar with, and affect the obligations of registered agent, or both, in the State of Florida. I am familiar with, and affect the obligations of registered agent, or both, in the State of Florida. I am familiar with, and affect the obligations of registered agent, or both, in the State of Florida. I am familiar with, and affect the obligations of registered agent, or both, in the State of Florida. I am familiar with, and affect the obligations of registered agent, or both, in the State of Florida. I am familiar with, and affect the obligation of registered agent, or both, in the State of Florida. I am familiar with, and affect the obligation of registered agent, or both, in the State of Florida. I am familiar with, and affect the obligation of registered agent, or both, in the State of Florida. I am familiar with, and affect the obligation of registered agent, or both, in the State of Florida. I am familiar wi	6. Name and A	ddress of Current Registe	red Agent			7. Name and A	ddress of New R	egistered Agent		
Sireel Address (P.O. Set Number is Not Acceptable)  STE 1030  TAMPA, FL 33607  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  FILE NOWIII FEETS \$150.00  After May 1, 2005 Fee will be \$555.00  9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees  10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INE SIREM AUDRESS  STREET	71140 14151				Name Ca	olun f	Laten			
TAMPA, FL 33607  TAMPA, FL 33607  STE 1030  City		R		ŀ	Street Address	(P.O. Box Number	is Not Acceptable	:)		
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 Read except the obligations of registered Agent.    Carolin Action			- * ; "Y =	}	201	N. Rock	Y PT Dr			
8. The above named entity submits this statement for the purpose of changing its registered disco or registered agent, or both, in the State of Florida. I am familiar with, and agrept the obligations, of registered disport.  SIGNATURE  Signature Squature, hone or pure forward of agetated agent	TAMPA, FL 33607		•		STE	030	•			
B. The above named entity submiss this statement for the purpose of changing its registered office of registered differ.  SIGNATURE  Signature, noted to prefer foliate of ingulated agent and tawl targetature.  FILE NOWIII FERTS \$150.00  After May 1, 2005 Fee will be \$550.00  P. Election Campaign Financing Trust Fund Contribution.  DATE  PURPORT SHEN, XIANGYUAN  STREET ADDRESS  STREET ADDRESS  CITY-ST-2P  TITLE  PD  TAMPA, FL 33607  TAMPA, FL 33607  TAMPA, FL 33607  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  CITY-ST-2P  TAMPA, FL 33607  TAMPA, FL 33607  TAMPA, FL 33607  TAMPA, FL 33607  TITLE  OC  CHEN, GROSS  CITY-ST-2P  TITLE  CO  CHEN, GLOGANG  TITLE  CO  CHEN, GLOGANG  TAMPA, FL 33607  TAM								FL Zig	Code	
SIGNATURE			rpose of changing its re	gistere			in the State of Flo	rida. 1 am familiar	with, and accept	
FILE NOW!!! FBETS \$150.00 After May 1, 2005 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1  III.E  VCD SHEN, XIANGYUAN 3225 STATE ROAD 630 WEST GITY-ST-2P FORT MEADE, FL 33841  FORT MEADESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-2P  TITLE  D SHEN, XIANGYUAN 3225 STATE ROAD 630 WEST STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-2P  TAMPA, FL 33607  TITLE D SCOTT, MALCOLM S STREET ADDRESS CITY-ST-2P TAMPA, FL 33841  TITLE D CAPOLY POINT DR SUITE 1030 TAMPA, FL 33841  TITLE D CHANGE STREET ADDRESS CITY-ST-2P TAMPA, FL 33607  TITLE D CHANGE STREET ADDRESS CITY-ST-2P TAMPA, FL 33607  TITLE D CHANGE STREET ADDRESS CITY-ST-2P TAMPA, FL 33607  TITLE D CHANGE STREET ADDRESS CITY-ST-2P TAMPA, FL 33607  TITLE D CHANGE STREET ADDRESS CITY-ST-2P TAMPA, FL 33607  TITLE D CHANGE STREET ADDRESS CITY-ST-2P TAMPA, FL 33607  TITLE D CHANGE STREET ADDRESS CITY-ST-2P TAMPA, FL 33607  TITLE D CHANGE STREET ADDRESS CITY-ST-2P TAMPA, FL 33607  TITLE D CHANGE STREET ADDRESS CITY-ST-2P TAMPA, FL 33607  TITLE D CHANGE STREET ADDRESS CITY-ST-2P TAMPA, FL 33607  TITLE D CHANGE STREET ADDRESS CITY-ST-2P TAMPA, FL 33607  TITLE D CHANGE STREET ADDRESS CITY-ST-2P TAMPA, FL 33607  TITLE D CHANGE STREET ADDRESS CITY-ST-2P TAMPA, FL 33607  TITLE CD CHANGE STREET ADDRESS STREET ADDRESS CITY-ST-2P THE CD CHANGE STREET ADDRESS ST	the obligations of registered a	gent.	0		n			_		
After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE   VCD										
TITLE										
SHEN, XIANGYUAN SIRET ADDRESS CITY-ST-ZIP TITLE PD YANG, HONG WEI STREET ADDRESS CITY-ST-ZIP TITLE SD ZHAPA, FL 33607 TITLE NAME ZHAO, WEI ZHAO, W	1	OFFICERS AND DIRECT		1		ADDITIONS/CI	HANGES TO OFFI			
STREET ADDRESS   3225 STATE ROAD 630 WEST   FORT MEADE, FL 33841   CITY-ST-2IP   Change   Addition		IIAN -	Delete	· _	l l		-	Ch	ange	
TITLE PD	' '				· I					
NAME STREET ADDRESS CITY-ST-ZIP TITLE SD Z701 N ROCKY POINT DR STE 1030 TITLE NAME ZHAO, WEI STREET ADDRESS CITY-ST-ZIP TITLE SD Z701 N ROCKY POINT DR SUITE 1030 TITLE NAME ZHAO, WEI STREET ADDRESS CITY-ST-ZIP TITLE D SCOTT, MALCOLM S STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CD CHANGE CHEN, GUOGANG CHEN, GU		· · · · · · · · · · · · · · · · · · ·		_						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO N ROCKY POINT DR SUITE 1030 TAMPA, FL 33607 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CD CHEN, GUOGANG STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33607  TITLE CD CHEN, GUOGANG STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS								☐ Ch	ange	
TAMPA, FL 33607	'									
NAME STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33607  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CD NAME CHEN, GUOGANG STREET ADDRESS CITY-ST-ZIP TITLE CD NAME CHEN, GUOGANG STREET ADDRESS CITY-ST-ZIP TITLE CD NAME STREET ADDRESS CITY-ST-ZIP TITLE CD CHEN, GUOGANG STREET ADDRESS CITY-ST-ZIP TITLE CD Change Addition STREET ADDRESS CITY-ST-ZIP TITLE CD Change Addition STREET ADDRESS CITY-ST-ZIP				•	· I					
TITLE D Change Addition NAME SCOTT, MALCOLM S STREET ADDRESS CITY-ST-ZIP FT. MEADE, FL 33841  TITLE CD CHEN, GUOGANG STREET ADDRESS CITY-ST-ZIP  TITLE CHEN, GUOGANG STREET ADDRESS CITY-ST-ZIP  TITLE CD CHEN, GUOGANG STREET ADDRESS CITY-ST-ZIP  TITLE CD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE CD Change Addition NAME STREET ADDRESS CITY-ST-ZIP  TITLE CD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE CD Delete STREET ADDRESS CITY-ST-ZIP  TITLE CD Change Addition NAME STREET ADDRESS	TITLE SD		Delete	TITLE	5	D	<b>6</b>	□ CH	ange Addition	
TITLE D Change Addition NAME SCOTT, MALCOLM S STREET ADDRESS CITY-ST-ZIP FT. MEADE, FL 33841  TITLE CD CHEN, GUOGANG STREET ADDRESS CITY-ST-ZIP  TITLE CHEN, GUOGANG STREET ADDRESS CITY-ST-ZIP  TITLE CD CHEN, GUOGANG STREET ADDRESS CITY-ST-ZIP  TITLE CD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE CD Change Addition NAME STREET ADDRESS CITY-ST-ZIP  TITLE CD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE CD Delete STREET ADDRESS CITY-ST-ZIP  TITLE CD Change Addition NAME STREET ADDRESS	'			NAME C		arolyn_	HCT.ON	) ,		
TITLE SCOTT, MALCOLM S STREET ADDRESS CITY-ST-ZIP TITLE CD CHEN, GUOGANG STREET ADDRESS CITY-ST-ZIP TITLE CD CHENG STREET ADDRESS TAMPA, FL 33607  TITLE CD CHENG STREET ADDRESS TITLE CD CHANGE STREET ADDRESS TITLE CD CHANGE STREET ADDRESS STREET ADDRESS TITLE STREET ADDRESS TITLE STREET ADDRESS TREET ADDRESS					T ADDRESS 2	701 N ROCKY M. STE 1030				
NAME STREET ADDRESS CITY-ST-ZIP TITLE CD CHEN, GUOGANG STREET ADDRESS CITY-ST-ZIP TITLE CTP-ST-ZIP TITLE CD TITLE CD TITLE CD TAMPA, FL 33607 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CD TITLE CD TITLE CD TITLE CD TAMPA, FL 33607 TITLE NAME STREET ADDRESS		507	`\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	_	<del></del> -	Ampa, 7	( 3		anon Addition	
STREET ADDRESS CITY-ST-ZIP  TITLE CHEN, GUOGANG STREET ADDRESS CITY-ST-ZIP  TITLE CHEN, GUOGANG STREET ADDRESS CITY-ST-ZIP  TITLE COD TAMPA, FL 33607  TITLE NAME DU, KE PING STREET ADDRESS 2701 N ROCKY POINT DR STE 1030  TREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS		DLM S	Velete						ange Applicon	
TITLE CD CHEN, GUOGANG STREET ADDRESS CITY-ST-ZIP TITLE CD Delete TITLE NAME DU, KE PING STREET ADDRESS 2701 N ROCKY POINT DR STE 1030 Delete TITLE NAME STREET ADDRESS	STREET ADDRESS 3225 STATE RE	D. 630 WEST		STREE	T ADDRESS		- 4			
NAME STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33607  TITLE CD Delete DU, KE PING STREET ADDRESS 2701 N ROCKY POINT DR STE 1030 STREET ADDRESS	CITY-ST-ZIP FT. MEADE, FL	33841		CITY-	ST-ZIP					
STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33607  CITY-ST-ZIP TITLE CD Delete DU, KE PING STREET ADDRESS 2701 N ROCKY POINT DR STE 1030  STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	1	NO.	Delete					Ch	ange 🔲 Addition	
CITY-ST-ZIP         TAMPA, FL 33607         CITY-ST-ZIP           TITLE         CD         Delete         TITLE         Change         Addition           NAME         DU, KE PING         NAME         NAME         STREET ADDRESS         2701 N ROCKY POINT DR STE 1030         STREET ADDRESS         STREET ADDRESS         STREET ADDRESS         STREET ADDRESS					1					
TITLE CD Delete TITLE CDU, KE PING NAME DU, KE PING STREET ADDRESS 2701 N ROCKY POINT DR STE 1030 STREET ADDRESS					I					
NAME STREET ADDRESS DU, KE PING NAME 2701 N ROCKY POINT DR STE 1030 STREET ADDRESS			☐ Delete	TITLE				☐ Ch	ange	
	NAME DU, KE PING				I					
CUIT-SI-AR	STREET ADDRESS   2701 N ROCKY									
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	l '		٠						- · · · •	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 anofficer 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.

SI	G	N	Δ٦	ГП	IR	F

SIGNATURE AND TYPED OR PRINTED NAME OF SHENING OFFICER OR DIRECTOR

Yang, Hongwel

813-282-5765

Daytime Phone #