


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-22-2005 90016 010 ***150.00

DOCUMENT # P36479 1. Entity Name U.S. CHEM RESOURCES, INC.					
Principal Place of Business 2701 N ROCKY POINT DR SUITE 1030 TAMPA, FL 33607			Mailing Address 2701 N ROCKY POINT DR SUITE 1030 TAMPA, FL 33607		
2. Principal Place of Business <div style="text-align: right; font-size: 1.2em;">nk</div>		3. Mailing Address <div style="text-align: right; font-size: 1.2em;">nc</div>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3095166	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ZHAO, WEI 2701 N ROCKY POINT DR STE 1030 TAMPA, FL 33607			7. Name and Address of New Registered Agent Name <u>Carolyn Acton</u> Street Address (P.O. Box Number is Not Acceptable) <u>2701 N. Rocky Pt Dr</u> <u>STE 1030</u> City <u>Tampa</u> FL Zip Code <u>33607</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 Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Carolyn Acton</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Carolyn Acton</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>2-17-05</u> <small>DATE</small>	
FILE NOW!!! FEES \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VCD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHEN, XIANGYUAN		NAME		
STREET ADDRESS	3225 STATE ROAD 630 WEST		STREET ADDRESS		
CITY-ST-ZIP	FORT MEADE, FL 33841		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YANG, HONG WEI		NAME		
STREET ADDRESS	2701 N ROCKY POINT DR STE 1030		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ZHAO, WEI		NAME	<u>Carolyn Acton</u>	
STREET ADDRESS	2701 N ROCKY POINT DR SUITE 1030		STREET ADDRESS	<u>2701 N Rocky Pt STE 1030</u>	
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP	<u>Tampa, FL 33607</u>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCOTT, MALCOLM S		NAME		
STREET ADDRESS	3225 STATE RD. 630 WEST		STREET ADDRESS		
CITY-ST-ZIP	FT. MEADE, FL 33841		CITY-ST-ZIP		
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHEN, GUOGANG		NAME		
STREET ADDRESS	2701 N ROCKY POINT DR STE 1030		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DU, KE PING		NAME		
STREET ADDRESS	2701 N ROCKY POINT DR STE 1030		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP		
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 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.					
SIGNATURE: <u>Yang, Hongwei</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>Yang, Hongwei</u> <small>Date</small>		<u>813-282-5765</u> <small>Daytime Phone #</small>	

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