## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 14, 2005 08:00 AM Secretary of State

	A	MMOWF	KEPUKI			-	7xhi		00.00
1. Entity Nan	MENT # P9		979				Se	ecretary	of State
1		-	Mailing Address 7980 W IRLO BRO KISSIMMEE, FL 3				<b>i</b> (250)	ODE MONTHE MENTING MENTING INCIDEN	ENDER FOR THE END TO THE
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E-v		W W B B B B Book	1. Album Buldung, 17			4, FEI Numb 59-319			Applied For Not Applicable
	A Name and Add	of Automat II		in the second se		5. Certificate	of Status Desired		5 Additional equired
6. Name and Address of Current Registered Agent LIN, BOCHUN 3000 SPLENDID CHINA BLVD, KISSIMMEE, FL 34747							NOT W		
\$. The above the obligation	named entity submits tions of registered ager	this statement for t	he purpose of changir	ng its reģistered	office or register	ed agent, or bo	th, in the State of FI	orida. I am familiar	with, and accept
SIGNATURE.	Signature, typed or printed nar	and of registered agent on	fills of appoints to be	NOTE Benjament	gent signature required		<del></del>	DATE	······
	E NOW!!! FEE IS ay 1, 2005 Fee w	\$150,00	9. Election Ca	mpaign Finance	ing \$5.	OO May Be		DAIR	······································
10.		OFFICERS AND D	RECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DU, XINJIAN 7883 CONNAUGH HONG KONG,				U00000305867				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIAO, ZHUANG CTS HOUSE, 78-8 HONG KONG,				04/14/0	5-80100-00	14 750,00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZHANG, FENG CH CTS HOUSE, 78-8 HONG KONG,			DO	NOT W	RITE	· ;		
TITLE Name Street address City-St-Zip	CEO LIN, BOCHUN 3000 SPLENDID C KISSIMMEE, FL 3		IN THIS SPACE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEN, SHOU JIE CTS HOUSE, CON HONG KONG,	INAUGHT RD. C			3				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAI, JOHN CTS HOUSE, CON HONG KONG,	INAUGHT RD.		THE TOP ALL ST		TOTAL DESIGNATION OF PERSONS	Marie Carlotte Committee		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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:

SIGNATURE AND TYPED ON PRINTED NAME OF MONING OFFICER OR DIRECTOR

4-8-05

407-377-88/ (Dayling Phone #