2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 19, 2008 08:00 A Secretary of State DOCUMENT # P95000017977 CHINA MAX, INC. Principal Place of Business Mailing Address 160 MALABAR RD. 160 MALABAR RD. SUITE 117 SUITE 117 PALM BAY, FL 32907 PALM BAY, FL 32907 01292008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3302640 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHAN, CHI S DO NOT WRITE 160 MALABAR RD. SUITE 117 IN THIS SPACE PALM BAY, FL 32907 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, typed or printed name of registered agent and little if applicable, (NOTE Registered Agent signature required when reinstating) DATE 000000862605 04/03/08-80058-005 150.00 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME CHAN, CHI S STREET ADDRESS 418 EMPIRE AVE. N.E. PALM BAY, FL 32907 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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