May 18 07 12:27p David Fong,CPA,PA

FILED
May 29, 2007 8:00 am
Secretary of State
04-30-2007 90867 041 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000079878

1. Entity Name
CHINA MAX VOLUSIA, INC.

00017100

Principal Place of Business	Mailing Address
1700 W INT'L SPEEDWAY BLVD #14B DAYTONA BEACH FL 32114	1221 E ROBINSON ST ORLANDO, FL 32801

04142007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address: 105 E. SR 434
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: WINTER SPRINGS FL
Zip / Country	Zip: 32708 Country: USA

4. FEI Number: 59-3402140 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FONG, MARGARET 1221 E ROBINSON ST ORLANDO, FL 32801	Name: DAVID FONG Street Address (P.O. Box Number is Not Acceptable): 105 E. SR 434 City: WINTER SPRINGS FL Zip Code: 32708

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 _____ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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 10	
TITLE	DP ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	UU, CHENG M	NAME	
STREET ADDRESS	8009 LANDGROVE CT	STREET ADDRESS	9251 Southern Breeze Dr
CITY-ST-ZIP	ORLANDO, FL	CITY-ST-ZIP	Orlando FL 32836
TITLE	VD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	TRAN, HIEN	NAME	
STREET ADDRESS	1221 E ROBINSON ST	STREET ADDRESS	912 Seaduck Ave.
CITY-ST-ZIP	ORLANDO, FL	CITY-ST-ZIP	Daytona Beach FL 32118
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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: _____ 5/18/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #