2004 FOR PROFIT CORPORATION

Apr 05, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P97000009475** 04-05-2004 90062 032 ***150.00 1. Entity Name CHANG LONG INVESTMENT CORPORATION OF **AMERICA** Mailing Address Principal Place of Business 94043619 10577 ROCKET BLVD. 633 LAKE CANE DR. ORLANDO, FL 32819 ORLANDO, FL 32824 No Chg-P CR2E034 (10/03) 02052004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3420288 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HSUEH, MARIA DO NOT WRITE 6633 LAKE CANE DR. IN THIS SPACE ORLANDO, FL 32819 the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement fa the obligations of registered ag-(NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HSUEH, MARIA NAME STREET ADDRESS 6633 LAKE CANE DR. ORLANDO, FL 32819 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 a ther like empowered.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED