


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90282 050 ***150.00

DOCUMENT # P97000053262

1. Entity Name
OWLET (U.S.) INVESTMENT COMPANY



Principal Place of Business 152 NE 167TH STREET #401 N MIAMI BEACH, FL 33162	Mailing Address 11133 NW SECOND CT CORAL SPRINGS, FL 33071
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14011551



2. Principal Place of Business 2400 W. Cypress Creek #202	3. Mailing Address 2400 W. Cypress Creek #202
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04242004 Chg-P CR2E034 (10/03)

City & State Fort Lauderdale, Fl.	City & State Fort Lauderdale, Fl.	4. FEI Number 65-0795665	Applied For <input type="checkbox"/> Not Applicable
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Zip 33309	Country Broward	Zip 33309	Country Broward	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CHANG, ANTHONY
152 NE 167TH STREET
#211
N MIAMI BEACH, FL 33162

7. Name and Address of New Registered Agent

Name **Chang, Theresa**

Street Address (P.O. Box Number is Not Acceptable)
2400 W. Cypress Creek, #202

City **Fort Lauderdale** FL Zip Code **33309**

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 *Theresa Chang* DATE 4/23/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ZHANG, JIYAN 804 BLDG. 29 YUANLING NEW BLOCK SHENZHEN, CHINA, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZHANG, JIYU 12 BLUIDING 6F UNIT 1 BLACK 2 CHENGDU SICHUAN, CH <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PING, SUN B22B FUYIYAJU ZHENGHUA RD SHENZHEN GUANGDONG, CH <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 titles empowered.

SIGNATURE: *Theresa Chang* DATE 4/23/04, DAYTIME PHONE # 954-267-9150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #