


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

03-15-2004 90029 015 ***150.00

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DOCUMENT # P98000048660			
1. Entity Name DING LI, INCORPORATED			
Principal Place of Business 4225 WEST LAKE MARY BLVD LAKE MARY, FL 32746		Mailing Address PO BOX 533100 ORLANDO, FL 32853	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4225 West Lake Mary Blvd. Suite, Apt. #, etc.	
City & State		City & State Lake Mary, FL	
Zip 32746	Country U.S.A	4. FEI Number 593511873 APPLIED FOR <input checked="" type="checkbox"/> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HUANG, BAO Q 172-174 WEST STATE ROAD 434 WINTER SPRINGS, FL 32708		7. Name and Address of New Registered Agent Huang, Bao Q Street Address (P.O. Box Number is Not Acceptable) 4225 West Lake Mary Blvd City Lake Mary FL Zip Code 32746	
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 <u>Huang Bao Q</u> <u>Huang, Bao Q</u> <u>3/8/04</u> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUANG, BAO B 172-174 WEST STATE ROAD 434 WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Huang, Bao Q <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LIU, XIU ZHU 172-174 WEST STATE ROAD 434 WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 like empowered.			
SIGNATURE: <u>Huang Bao Q</u> <u>Huang, Bao Q</u> <u>3/8/04</u> <u>407 321-4886</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>3/8/04</u> Daytime Phone: <u>407 321-4886</u>	