2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2007 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State			
1. Entity Nan	MENT # P9800005082 THE ULING INC.						
Principal Plac	ce of Business	Vailing Address]			
2202 FULTON WAY S.W. LARGO, FL 33774		2202 FULTON WAY S.W. Largo, Fl. 33774					II (1714 1714 1814 1814 18
				02242007	No Chg-P	CR2E03	34 (11/05)
	no/Neir/Writil=	National	UE:	4. FEI Numbe 59-3513			Applied For Not Applicate
		100			of Status Desired		8.75 Additional se Required
Name and Address of Current Registered Agent BHAGWANDIN, HARRIPAUL. 2202 FULTON WAY S.W. LARGO, FL 33774 8. The above named entity submits this statement for the purpose of changing its register.			red office or registe	Ŋ₹Ţ	NGT W	ACE	
the obligations of registered agent. SIGNATURE Signalure, hoed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algusture required what						DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.				.00 May Be led to Fees			
10.	OFFICERS AND DIRI	ctors	157-1/676		5 49 A - 90 C		
TITLE	P BHAGWANDIN, HARRIPAUL				# 45 M A F		te Carrier
STREET ADDRESS	2202 FULTON WAY S.W.						
CITY-ST-ZIP	LARGO, FL 33774						*
TITLE		•					
NAME STREET ADDRESS					1.00	100	
CITY-ST-ZIP	·		4		ta a series		
TITLE			122.19				3498 544E
NAME							
STREET ADDRESS CITY-ST-ZIP				00	NOT W	RIEEE	
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NAME							
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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:

CITY-ST-ZIP

STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP TITLE

CONTURE AND TYPED OR PRINTED NAME OF BRIGING OFFICER OR DIRECTOR

3.28.07 7276474596