2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 11, 2005 08:00 AM Secretary of State

ANNOAL REPORT					Secretary of State		
1. Entity Nam	MENT # P980000549	983		A free description of the contract of the cont	SEC	Tetary of State	
Principal Place	e of Business -	Mailing Address					
	TO BAY BLVD.	539 N. MILLS AVE.					
CLEARWATER	R, FL 33765	ORLANDO, FL 32803					
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DO NOT WRITE IN THIS SPACE				02022005	No Chg-P	CR2E034 (10/03)	
				02022003	reo ong-i		
DO NOT WHITE IN THIS SPAC				4. FEI Numb		Applied For	
				59-352	11877	Not Applicable	
				5. Certificate	of Status Desired	S8.75 Additional Fee Required	
	6. Name and Address of Current Ro	gistered Agent				المعتبي والمستحدين والمستحد والمستحدين والمستحدين والمستحدين والمستحدين والمستحدين والمستحد والمستحدين والمستح	
HUANG, MING QI			DO NOT WRITE				
2456 GULF TO BAY BLVD CLEARWATER, FL 34621							
CLEARWA	(ICK, PL 3402)			IN 7	THIS SF	ACE	
			<u> L</u>			11. 1 - 1 - 11 - 12 - 12 - 12 - 12	
	named entity submits this statement for t	he purpose of changing its register	ed office or registe	red agent, or bo	oth, in the State of Fid	orida. I am familiar with, and accept	
the obligations of registered agent.							
SIGNATURE (NOTE Report of the party of the p							
Usignature, posedo printeto name ot registeria/agent and title il applicable. (NOTE: Registered Agent signature required when reinstailing) OATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 M Trust Fund Contribution.							
10.	OFFICERS AND D	RECTORS	J				
TITLE	D		I				
NAME	HUANG, MING QI						
STREET ADDRESS	2456 GULF TO BAY BLVD		ł		i e e man	N. M. January and J. January	
CITY-SI-ZIP	CLEARWATER, FL 33765		4)225313 -80034-019 150 . 00	
TITLE	V				02/11/05	-80034-013 120.00	
NAME	YANG, LI JIN						
STREET ADORESS CITY-ST-ZIP	2456 GOLF TO BAY BLVD		1				
ļ	CLEARWATER, FL 33765		-{				
NAME							
STREET ADDRESS	**************************************		Ī	-	***	-	
CITY-ST-ZIP				DO	NOT W	RITE	
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12. I hereby	certify that the information supplied with t I on this report or supplemental report is t rporation or the receiver or trustee empor	his filing does not qualify for the ex-	emption stated in S	ection 119.07(3))(i), Florida Statutes.	I further certify that the information	
of the co	rporation or the receiver or trustee empor	vered to execute this report as requ	ired by Chapter 60	7. Florida Statut	tes; and that my nam	e appears in Block 10 or Block 11 if	
changed	, or on an attachment with an address, w	th all other like empowered.					

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Daytime Phone #

HAM HE AND TWOED OR PRINTED PANE OF SIGNING OFFICER OR DIRECTOR