2005 FOR PROFIT CORPORATION

FILED May 02, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P98000066650 CHINA BUSINESS INVESTMENT, INC. Principal Place of Business Mailing Address 1408 COLWYN DRIVE 1408 COLWYN DRIVE CANTONMENT, FL 32533 CANTONMENT, FL 32533 No Chg-P 04282005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3527469 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Rebuired 6. Name and Address of Current Registered Agent LISETH, JUSTINE SHI DO NOT WRITE 1408 COLWYN DRIVE CANTONMENT, FL 32533 IN THIS SPACE 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. Lam familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or princid name at registered agent and little if applicable (NOTE Registered Agent signature required when remstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \sqcap Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. TITLE LISETH, JUSTINE SHI NAME STREET ADDRESS 1408 COLWYN DRIVE City-St-7P CANTONMENT, FL 32533 TITLE U00000352670 NAME 05/03/05-80037-010 150.00 STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY - ST - ZIP NAME STREET ADDRESS CHY-SI-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 it made under eath, 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 the empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY ST-ZIP