


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000067963					
1. Entity Name ZYLE INC.					
Principal Place of Business 9851 SOUTH THOMAS DRIVE PANAMA CITY BEACH, FL 34207			Mailing Address 9851 SOUTH THOMAS DRIVE PANAMA CITY BEACH, FL 34207		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3525667	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FANG, LIAN 9851 SOUTH THOMAS DRIVE PANAMA CITY BEACH, FL 32407			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME FANG, LIAN		<input type="checkbox"/> Delete		
STREET ADDRESS 9851 SOUTH THOMAS DRIVE	PANAMA CITY BEACH, FL 32407		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407		CITY-ST-ZIP		
TITLE VP	NAME YUNGRON, CHEN		<input type="checkbox"/> Delete		
STREET ADDRESS 9851 S. THOMAS DR.	PANAMA CITY BEACH, FL 32405		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32405		CITY-ST-ZIP		
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
STREET ADDRESS _____	_____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	_____		CITY-ST-ZIP		
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
STREET ADDRESS _____	_____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	_____		CITY-ST-ZIP		
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
STREET ADDRESS _____	_____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	_____		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Lian Fang</i> FANG, LIAN <i>4-29-05</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					