


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90054 049 \*\*\*150.00

<b>DOCUMENT # P98000085484</b>					
<b>1. Entity Name</b> CHINA FIRST BUFFET OF ALTAMONTE SPRINGS, INC					
<b>Principal Place of Business</b> 539 N MILLS AVE. ORLANDO, FL 32803			<b>Mailing Address</b> 539 N MILLS AVE. ORLANDO, FL 32803		
<b>2. Principal Place of Business</b> 691 E Altamonte Dr. Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
<b>City &amp; State</b> Altamonte springs, FL Zip: 32701 Country: US		<b>City &amp; State</b> City: Zip: Country:		<b>4. FEI Number</b> 59-3534826	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required		<b>Applied For</b> Not Applicable			
<b>6. Name and Address of Current Registered Agent</b> ZHENG, YUN 691E ALTAMONTE DRIVE ALTAMONTE SPRINGS, FL 32701			<b>7. Name and Address of New Registered Agent</b> Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> ZHENG, YUN 539 N MILLS AVE. ORLANDO, FL 32803		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b> <input type="checkbox"/> 691 E Altamonte Dr. Altamonte springs, FL 32701	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> ZHAO, ZHANG XING 539 N MILLS AVE. ORLANDO, FL 32803		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b> <input type="checkbox"/> 691 E Altamonte DR. Altamonte springs, FL 32701	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Delete</b> <input type="checkbox"/>		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Change</b> <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Delete</b> <input type="checkbox"/>		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Change</b> <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/>	
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Xiufeng</u> _____ <b>DATE</b> _____ <b>Daytime Phone #</b> _____					