

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90225 035 \*\*\*158.75

**DOCUMENT # P99000025047**

1. Entity Name  
**NEW DRAGON ASIA CORP.**



Principal Place of Business <b>13/F WINGON CENTER 111 CONNAUGHT ROAD ROOM 1304 CENTRAL HONG KONG</b>	Mailing Address <b>13/F WINGON CENTER 111 CONNAUGHT ROAD ROOM 1304 CENTRAL HONG KONG</b>
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CHECK HERE IF MAKING CHANGES

2. Principal Place of Business <b>13/F WING ON CENTER III CONNAUGHT ROAD CENTRAL Suite, Apt. #, etc. ROOM 1304</b>	3. Mailing Address <b>13/F WING ON CENTRE III CONNAUGHT ROAD CENTRAL Suite, Apt. #, etc. ROOM 1304</b>
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City & State <b>SHEUNG WAN</b>	City & State <b>SHEUNG WAN</b>	4. FEI Number <b>88-0404114</b>	<b>65-0006000</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip <b>HONG KONG</b>	Country <b>HONG KONG</b>	Zip <b>HONG KONG</b>	Country <b>HONG KONG</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing-Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCEO SONG, XUE JUN 13/F WINGON CTR 111 CANNAUGHT RD #1304 CENTRAL HONG KONG CHINA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCFO LAI, WING LEUNG 13/F WINGON CTR 111 CANNAUGHT RD #1304 CENTRAL HONG KONG CHINA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DGM ZHANG, SHU HUA 13/F WINGON CTR 111 CANNAUGHT RD #1304 CENTRAL HONG KONG CHINA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LEUNG, MAN FAI 13/F WINGON CTR 111 CANNAUGHT RD #1304 CENTRAL HONG KONG CHINA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>13/F WING ON CENTRE III CONNAUGHT ROAD CENTRAL ROOM 1304 SHEUNG WAN HONG KONG</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>13/F WING ON CENTRE III CONNAUGHT ROAD CENTRAL ROOM 1304 SHEUNG WAN HONG KONG</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>13/F WING ON CENTRE III CONNAUGHT ROAD CENTRAL ROOM 1304 SHEUNG WAN HONG KONG</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>13/F WING ON CENTRE III CONNAUGHT ROAD CENTRAL ROOM 1304 SHEUNG WAN HONG KONG</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** LAI WING LEUNG, CHIEF FINANCIAL OFFICER **10 JAN 2003** **852-2815 9892**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)