

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
**13/F WINGON CENTER
111 CONNAUGHT ROAD ROOM 1304
CENTRAL HONG KONG**

Mailing Address
**13/F WINGON CENTER
111 CONNAUGHT ROAD ROOM 1304
CENTRAL HONG KONG**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
**13/F WING ON CENTER III CONNAUGHT ROAD CENTRAL
Suite, Apt. #, etc.
ROOM 1304**

3. Mailing Address
**13/F WING ON CENTRE III CONNAUGHT ROAD CENTRAL
Suite, Apt. #, etc.
ROOM 1304**

City & State
SHEUNG WAN

City & State
SHEUNG WAN

Zip
HONG KONG

Country
HONG KONG

4. FEI Number
88-0404114 ~~65-0006000~~

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 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)

Signature, typed or printed name of registered agent and title if applicable. 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	DCEO	<input type="checkbox"/> Delete
NAME	SONG, XUE JUN	
STREET ADDRESS	13/F WINGON CTR 111 CANNAUGHT RD #1304	
CITY-ST-ZIP	CENTRAL HONG KONG CHINA	
TITLE	DCFO	<input type="checkbox"/> Delete
NAME	LAI, WING LEUNG	
STREET ADDRESS	13/F WINGON CTR 111 CANNAUGHT RD #1304	
CITY-ST-ZIP	CENTRAL HONG KONG CHINA	
TITLE	DGM	<input type="checkbox"/> Delete
NAME	ZHANG, SHU HUA	
STREET ADDRESS	13/F WINGON CTR 111 CANNAUGHT RD #1304	
CITY-ST-ZIP	CENTRAL HONG KONG CHINA	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEUNG, MAN FAI	
STREET ADDRESS	13/F WINGON CTR 111 CANNAUGHT RD #1304	
CITY-ST-ZIP	CENTRAL HONG KONG CHINA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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