


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90013 044 \*\*\*150.00

EPDVNF0U!\$ P99000062799 2/ Entity Name BLUE WING INC.,	
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Principal Place of Business 4100 N. WICKHAM #106 MELBOURNE, FL 32935 US	Mailing Address 4100 N. WICKHAM #106 MELBOURNE, FL 32935 US
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3/ Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	4/ Mailing Address Suite, Apt. #, etc.
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City & State	City & State	5/ FEI Number <b>59-3590540</b>	Applied For Not Applicable
Zip	Country	Zip	Country



03052008 Di h.Q DS3F1451)23017\*

7/ Obn f lboelBeesf t t lpgDvsf ouSf hjt u f s f e lBhf ou GUO, RUN JIN 4100 N. WICKHAM RD #106 MELBOURNE, FL 32935	8/ Obn f lboelBeesf t t lpgOf x !Sf hjt u f s f e lBhf ou Name Street Address (P.O. Box Number is Not Acceptable) City GM Zip Code
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9/ 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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	1/ Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	%6/1.1 NbzlCf ! Beef etplG f t
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21/ OFFICERS AND DIRECTORS		22/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUO, RUN-JIN 4100 N. WICKHAM RD. #106 MELBOURNE, FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PET, ZHENG WU 4100 N. WICKHAM RD. #106 MELBOURNE, FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

23/ 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.

T.J.HOBUSF;   
T.J.HOBUSF BOENZ OFE PSIOS DUE IOB NFP GTI HOCHP GGDFS PSIEJFOUPS Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_