2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 15, 2007 08:00 AN Secretary of State DOCUMENT # V28951 1. Entity Name GREAT LAKE OF CHINA, INC., #2 Principal Place of Business Mailing Address 18265 PINES BLVD 18265 PINES BLVD PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029 2. Principal Placo of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc CR2E034 (10/06) 1st MOORE City & State City & State 4. FEI Number Applied For 65-0332442 Not Applicable Ζıp Country Ζıp Country \$8.75 Additional 5. Cortificate of Status Desirod Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SUPRASKI, LOUIS A. Street Address (P.O. Box Number is Not Acceptable) 2450 N.E. MIAMI GARDENS DRIVE, 2ND FL. SUITE 760 N. MIAMI BEACH FL 33180 City Zip Code 8. The above named onlity 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILE mn Addition ☐ Delete CHEUNG, LAI CHU NAME. NAMI 18265 PINES BLVD STREET ADORESS STREET ADDRESS U000000637056 PEMBROKE PINES FL 33029 CITY-ST-ZIP CITY-ST-7IP 150.00 Addition THUE ☐ Delete ☐ Change CHU, CHEUNG L NAME 18265 PINES BLVD STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33029 CDY-ST-ZIP CITY-S1-ZIP THE ☐ Delete TITLE ☐ Change ■ Addition NAMI STREET ADDRESS STREET ADDRESS CITY - ST - 71P CHY-S1-7IP HHE ☐ Delete IIII£ Change ☐ Addition NAML NAMI* STREET ADDRESS STREET LADDRESS CITY-SI-7IP CITY-ST-7/P ☐ Change Addition HILL ☐ Delete THE NAMI NAMI' SIDLET ADDRESS STRUCT ADDRESS CHY-SI-ZIP CHY-SI-ZIP THE ☐ Change ☐ Defete 11114 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

SIGNATURE: Jai Chu Choung (LAI CHU CHEUNG) 2-8-2007 (954) 437-9009

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.