2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 14, 2008 08:00 AN Secretary of State **DOCUMENT #V54117** 1. Entity Name MEI'S RESTAURANTS, INC. Principal Place of Business Mailing Address 7100 FAIRWAY DRIVE 7100 FAIRWAY DR SUITE 34 SUITE 34 PALM BEACH GARDENS, FL 33418 US PALM BEACH GARDENS, FL 33418 No Chg-P CR2E034 (11/05) 01072008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0365824 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MEI, RONG FENG DO NOT WRITE **4627 BRADY LANE** PALM BCH. GARDENS, FL 33418 IN THIS SPACE 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. Signature, typed or primed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ת TITLE MEI, RONG ZHAO NAME 4627 BRADY LANE STREET ADDRESS CITY-ST-ZIP PALM BCH GARDENS, FL U00000784348 TITLE 01/16/08-80051-020 150.00 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY - ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 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. Aft half other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND A PERIOD PROTERNAME OF SIGNING OFFICER OF DIRECTOR

1/10/08 (ad) 1005.875

FILED