


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90038 021 ***150.00

DOCUMENT # P35378

1. Entity Name
PANDA EXPRESS, INC.



Principal Place of Business Mailing Address
1683 WALNUT GROVE AVE **1683 WALNUT GROVE AVE**
ROSEMEAD, CA 91770 US **ROSEMEAD, CA 91770 US**

40007100



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

01052007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
95-4318504 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHERNG, ANDREW 2040 ASHBOURNE DRIVE S PASADENA, CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1683 Walnut Grove Ave. Rosemead CA 91770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCD CHERNG, PEGGY 2040 ASHBOURNE DRIVE S PASADENA, CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1683 Walnut Grove Ave. Rosemead CA 91770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO THEUER, JOHN F 6208 W 77TH STREET LOS ANGELES, CA 90045 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1683 Walnut Grove Ave. Rosemead CA 91770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CHENG, IRENE 813 SUMMIT DRIVE S. PASADENA, CA <input checked="" 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 WILKINSON, R. MICHAEL 6351 TURNBERRY CIR HUNTINGTON BCH, CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1683 Walnut Grove Ave. Rosemead CA 91770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LIU, STANLEY N. 1188 E RUBIO STREET ALTADENA, CA 91001 <input checked="" type="checkbox"/> Delete	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 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 or without an address, as empowered.

SIGNATURE: _____ **CFP 1-25-07** Date Daytime Phone #