2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 25, 2006 08:00 AM Secretary of State DOCUMENT # P03000011424 1. Entity Name BIN & SONG REALTY INC. Principal Place of Business Mailing Address 1740 SOUTH ROAD, 121 % CAAT INC 17 E BROADWAY MACCLENNY, FL 32063 #205 NEW YORK, NY 10002 01152006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 13-4238038 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent XIA, SONG GONG DO NOT WRITE 1740 SOUTH ROAD, 121 MACCLENNY, FL 32063 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 printed name of registered agent and title if anoticable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ÓFFICERS AND DIRECTORS 10. TITLE XIA, SONG GONG NAME STREET ADDRESS 1740 SOUTH ROAD, 121 CITY-ST-ZIP MACCLENNY, FL 32063 TITLE NAME XIA, SONG GONG STREET ADDRESS 1740 SOUTH ROAD, 121 CITY-ST-ZIP MACCLENNY, FL 32063 THILE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C)TY-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 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

116/06

Daytime Phone #

FILED