2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # P03000036967** 03-28-2008 90034 022 ***150.00 1. Entity Name BING SONG INC. Principal Place of Business Mailing Address 651 NW 88TH DRIVE 651 NW 88TH DRIVE CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33071 HS US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 03192008 Chg-P Applied For City & State 4. FEI Number City & State 56-2340259 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П -- - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent - -LI, BING SONG Street Address (P.O. Box Number is Not Acceptable) 651 NW 88TH DRIVE CORAL SPRINGS, FL 33071 City Zip Code FI 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 applicable. (NOTE, Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PVST** TITLE ☐ Change ■ Addition TITLE ☐ Delete LI, BING SONG NAME STREET ADDRESS **651 NW 88TH DRIVE** STREET ADORESS CORAL SPRINGS, FL 33071 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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

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