## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

OCÜMENT # P05000070867  Entity Name ING'S BUFFET OF TALLAHASSEE INC.				V-			FILLED SEP 20 3	
Principal Place of Business 2814 APALACHEE PKWY TALLAHASSEE, FL 32301	Mailing Address 2814 APALACHEE PKWY TALLAHASSEE, FL 32301				i	SEC TALI	- m	ACITA
2. Principal Place of Business	Principal Place of Business  3. Mailing Address  199 CANAL STRE							
Suite, Apt. #, etc.	e, Apt. #, etc. Suite, Apt. #, etc. 3RD FLOOR			08222006	Chg-P		CR2E034 (11/05)	
City & State	City & State NEW YORK 1		4. FEI Numb 20-30			No	plied For t Applicable	
Zip Country	Zip Count 10013 US				of Status Des		See Require	
Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name					
ZHEN, LI YONG 2814 APALACHEE PKWY TALLAHASSEE, FL 32301			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  Signature, typed or printed name of registered agent and little if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE								
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campa Trust Fund Cont	ign Financi	ng _ \$5.	00 May Be			n s. 607.193(2)(b), t receive the prior r	
10. OFFICERS AND DIRECTORS 11.				ADDITIONS	CHANGES TO	OFFICE	RS AND DIRECTORS	IN 11
TITLE D NAME ZHENG, LI YONG STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301	ZHENG, LI YONG ADDRESS 2814 APALACHEE PKWY STRE				<b>0008</b> 3/060		□ Change 89343 005 **150	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete TITLE NAM STRE CITY						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete TITLE NAME STREI CITY-						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET CITY-SI	ADDRESS I-ZIP				Change	Addition .
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS I-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS I - ZIP				☐ Change	Addition
12. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee emporchanged, or on an attachment with an address, w	true and accurate and that r wered to execute this report	ny signatur as required	e shall have the s	same legal etter	ct as it made u	ınder oatl	n; that I am an officer	or director