

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

01-24-2006 90031 007 \*\*\*150.00

<b>DOCUMENT # P05000117497</b> 1. Entity Name <b>SHI BANG, INC.</b>																																									
Principal Place of Business <b>385 COMMERCE WAY LONGWOOD, FL 32750</b>			Mailing Address <b>385 COMMERCE WAY LONGWOOD, FL 32750</b>																																						
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																																							
City & State		City & State																																							
Zip	Country	Zip	Country	4. FEI Number <b>01062006</b> Chg-P <b>CR2E034 (11/05)</b> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable																																					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">66001839</div>																																					
6. Name and Address of Current Registered Agent  <b>DULIN, RAMSEY W 201 E PINE STREET SUITE 425 ORLANDO, FL 32801-2717</b>																																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 _____ <small>Signature, typed or printed name of registered agent and title (see note). (NOTE: Registered Agent signature required when re-stating) DATE</small>																																									
<b>FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 55%; padding: 2px;"> <b>D SCHIANO, BIAGIO 385 COMMERCE WAY LONGWOOD, FL 32750</b> </td> <td style="width: 10%; padding: 2px; text-align: right;"> <input type="checkbox"/> Delete       </td> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 55%; padding: 2px;"></td> <td style="width: 10%; padding: 2px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition       </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"> <input type="checkbox"/> Delete       </td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition       </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"> <input type="checkbox"/> Delete       </td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition       </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"> <input type="checkbox"/> Delete       </td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition       </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"> <input type="checkbox"/> Delete       </td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition       </td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D SCHIANO, BIAGIO 385 COMMERCE WAY LONGWOOD, FL 32750</b>	<input 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		<input 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		<input 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		<input 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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																						
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D SCHIANO, BIAGIO 385 COMMERCE WAY LONGWOOD, FL 32750</b>	<input 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		<input 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		<input 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		<input 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		<input 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 all other not empowered.																																									
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																									



ATTACHMENT

66 001839

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 30, 2006

SHI BANG, INC.  
385 COMMERCE WAY  
LONGWOOD, FL 32750

Subject: SHI BANG, INC.

Reference Number:

P05000117497

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ

ANNUAL REPORTS SECTION