


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90047 042 ***150.00

DOCUMENT # P96000013164			
1. Entity Name LANDING BIOTECH INC.			
Principal Place of Business 60 GROVE ST. 1A NEWTON MA 02466 US		Mailing Address P.O BOX 35252 BRIGHTON MA 02135 US	
2. Principal Place of Business		3. Mailing Address 60 Grove St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1A	
City & State		City & State Newton, MA	
Zip	Country	Zip	Country
02466	USA	02466	USA
6. Name and Address of Current Registered Agent POWLESS, HOLLY 6040 HUCKLEBERRY LANE TALLAHASSEE FL 32303		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 <i>X Holly Powless</i>		DATE 3-30-06	
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, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VP YU, WU 60 GROVE STREET NEWTON MA 02466 <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	P LIU, JIAN-NING 6 PEACEABLE STREET BRIGHTON MA 02135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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1st MOORE CR2E034 (10/05)

4. FEI Number **59-3359717** Applied For Not Applicable

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Yu Wu* **3/12/06** (617)-964-2115
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #