## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 02, 2007 08:00 AM Secretary of State DOCUMENT # P96000013164 LANDING BIOTECH INC. Principal Place of Business Mailing Address . 60 GROVE ST. 60 GROVE ST 1A AUBURNDALE MA 02466 NEWTON MA 02466 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 1st MOORE CR2E034 (10/06) Applied For City & Stato City & State 4. FEI Number 59-3359717 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name POWLESS, HOLLY Street Address (P.O. Box Number is Not Acceptable) 6040 HUCKLEBERRY LANE TALLAHASSEE FL 32303 City Zip Codo 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. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change Addition HHE 1111E Defete YU, WU NAME NAME **60 GROVE STREET** STREET ADDRESS STREET ADDITISS U00000687327 /10/07-80035-NEWTON MA 02466 CITY-ST-7IP CITY-S1-7/P 150.00 ☐ Change Addilion HH Defeie LIU. JIAN-NING **6 PEACEABLE STREET** STREET ADDRESS STREET ADDRESS **BRIGHTON MA 02135** CITY - S1 - 7IP CITY ST-7IP ☐ Change \_\_\_ Addition TILLE ☐ Delete TITLE NAME NAME STREET LADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP ☐ Addition THLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-ST-7IP Addition Delete ☐ Change NAMI STREET ADORESS STREET ADDRESS City-St-ZiP CHY-ST-ZIP ☐ Change Addition HITLE Defete TITLE NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 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 eath; 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

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THE AND THEFT OF PRINTED NAME OF SIGNING OFFICER OR SUBSCITO

3/28/07

617-964-2115

Daytime Phone #

FILED