

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90174 039 ***150.00

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1. Entity Name
LANDING BIOTECH INC.



Principal Place of Business
**437 NEWTONVILLE AVENUE
4
NEWTON MA 02460
US**

Mailing Address
**P.O BOX 35252
BRIGHTON MA 02135
US**



2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

City & State

4. FEI Number **59-3359717**

Applied For Not Applicable

City & State

Zip Country Zip Country

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

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 *Holly Powless* DATE **4-15-03**

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MINWEN, LIU	
STREET ADDRESS	805 LANCASHIRE DRIVE	
CITY-ST-ZIP	EDWARDSVILLE IL 62025	
TITLE	VP	<input type="checkbox"/> Delete
NAME	YU, WU	
STREET ADDRESS	60 GROVE STREET	
CITY-ST-ZIP	NEWTON MA 02466	
TITLE	P	<input type="checkbox"/> Delete
NAME	LIU, JIAN-NING	
STREET ADDRESS	6 PEACEABLE STREET	
CITY-ST-ZIP	BRIGHTON MA 02135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *MINWEN LIU* **REQUIRED** DATE: **4/4/03** DAYTIME PHONE #: **617-789-5902**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)