

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000093153

FILED
Jun 07, 2004
Secretary of State

Entity Name: BING I CORP.

Current Principal Place of Business:

11780 US HIGHWAY ONE SUITE 300
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

11780 US HIGHWAY ONE SUITE 300
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 65-0792597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FHS CORPORATE SERVICES, INC.
11780 US HIGHWAY ONE SUITE 300
NORTH PALM BEACH, FL 33408

Name and Address of New Registered Agent:

HAILE, SHAW & PFAFFENBERGER, P.A.
11780 US HIGHWAY ONE SUITE 300
NORTH PALM BEACH, FL 33408

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.

SIGNATURE: HAILE, SHAW & PFAFFENBERGER, P.A.

06/07/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: BING, W
Address: 11780 US HWY 1, STE 300
City-St-Zip: NPB, FL 33408

Title: AS () Delete
Name: SHAW, DAVID M
Address: 450 ROYAL PALM WY SIXTH FLOOR
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change () Addition
Name: SHAW, DAVID M
Address: 249 ROYAL PALM WY, SUITE #501
City-St-Zip: PALM BEACH, FL 33480

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID M. SHAW

AS

06/07/2004

Electronic Signature of Signing Officer or Director

Date