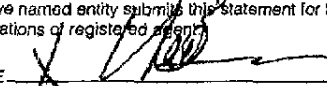
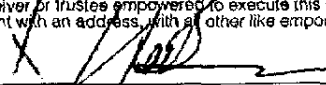


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000100397		
1. Entity Name BITS INTERNATIONAL CORP.		
Principal Place of Business 1175 W. NEW HAVEN AVE W. MELBOURNE, FL 32904	Mailing Address 1175 W. NEW HAVEN AVE W. MELBOURNE, FL 32904	
DO NOT WRITE IN THIS SPACE		 03062006 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-3478826 Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ZHANG, HAO 1175 W. NEW HAVEN AVE W. MELBOURNE, FL 32904		DO NOT WRITE IN THIS SPACE
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:  DATE: 3/14/06 Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees U000000468357 03/24/06-80025-025 150.00
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZHANG, HAO 1175 W NEW HAVEN AVE W. MELBOURNE, FL 32904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZHOU, YEMIN 1175 W. NEW HAVEN AVE. WEST MELBOURNE, FL 32904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 like empowered. SIGNATURE:  HAO ZHANG DATE: 3/12/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		