2006 FOR PROFIT CORPORATION ANNUAL REPORT				FILED Mar 01, 2006 08:00 AF		
DOCUMENT # P99000088099 1. Entity Name BING GWONG PLASTERING, INC.					Sec	retary of State
845 42ND A	Principal Place of Business Mailing Address 845 42ND AVE NE 5401 CENTRAL AVENUE SAINT PETERSBURG, FL 33703 SAINT PETERSBURG, FL 33710					
C	O NOT WRITE I	CE	02012006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 59-3602195 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required Fee Required			
	6. Name and Address of Current Regi CAROL TRAL AVENUE TERSBURG, FL 33710			NOT WI THIS SP/		
 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
FILE NOWIII FEE IS \$150.009. Election Campaign FinanAfter May 1, 2006 Fee will be \$550.00Trust Fund Contribution.				.00 May Be led to Fees		
10. me	OFFICERS AND DIRE	CTORS				
NAME Street Address City-St-Zip	GWONG, RICHARD B 845 42ND AVE NE SAINT PETERSBURG, FL 33703				Unionen4 	51888 30004-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-2IP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SP	ACE
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: Digiting And TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CONSCIENCE Date Date Date Date Devine Prome #						