


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90362 039 ***150.00

DOCUMENT # 847260

1. Entity Name
VAN AN CO., INC.



Principal Place of Business
**% C. BRENT MCCAGHREN, ESQ.
 250 PARK AVE. SOUTH, BOX 880
 WINTER PARK, FL 32790**


Mailing Address
**% C. BRENT MCCAGHREN, ESQ.
 250 PARK AVE. SOUTH, BOX 880
 WINTER PARK, FL 32790**

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

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

City & State

Zip Country



03222006 Chg-P CR2E034 (11/05)

4. FEI Number
58-1770396

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MCCAGHREN, C. BRENT, ESQ.
 250 SOUTH PARK AVENUE, FIFTH FLOOR
 WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

Name **Wttww, Inc.**

Street Address (P.O. Box Number is Not Acceptable)
390 N. Orange Avenue, Suite 1500

City **Orlando** FL Zip Code **32801**

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 **By: Deborah Fricke** **Deborah Fricke VP** **3/28/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

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**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	TSENG-VAN LIEU, DAVID	
STREET ADDRESS	1201 GREAT EAGLE CENTRE	
CITY-ST-ZIP	HONG KONG,	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHEN, MADAME SHIRLEY S.L.	
STREET ADDRESS	1201 GREAT EAGLE CENTRE	
CITY-ST-ZIP	HONG KONG,	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHEN, TEK M TOM	
STREET ADDRESS	133 HIGHWOOD AVE	
CITY-ST-ZIP	LEONIA, NJ 07605	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIEU, MARLENE	
STREET ADDRESS	PO BOX 1569	
CITY-ST-ZIP	FORT LEE, NJ 07024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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: **[Signature]** **3/22/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #