

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003498

FILED
Jan 18, 2006
Secretary of State

Entity Name: JENSEN TUNA, INC.

Current Principal Place of Business:

5885 HIGHWAY 311
HOUMA, LA 70360

New Principal Place of Business:

Current Mailing Address:

5885 HIGHWAY 311
HOUMA, LA 70360

New Mailing Address:

FEI Number: 72-1215048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSH, PHIL
2930 PARADISE LAKES RD
CHIPLEY, FL 32428 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TRINH, KEN
Address: 5885 HWY 311
City-St-Zip: HOUMA, LA 70360

Title: V () Delete
Name: LY, TINH
Address: 5885 HWY 311
City-St-Zip: HOUMA, LA 70360

Title: ST () Delete
Name: LAM, SOCHEN
Address: 5885 HWY 311
City-St-Zip: HOUMA, LA 70360

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: KEN TRINH

P

01/18/2006

Electronic Signature of Signing Officer or Director

_____ Date