


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90101 049 ****61.25

DOCUMENT # 760842	
1. Entity Name VIETNAMESE ALLIANCE CHURCH, INC.	

Principal Place of Business 514 CHARLOTTE ROAD AUBURNDALE, FL 33823	Mailing Address 514 CHARLOTTE ROAD AUBURNDALE, FL 33823
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

01092008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HUYNH, LIEU VAN 3120 WOODHILL RD WINTER HAVEN, FL 33880		Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL Zip Code	

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 *Lieu Van Huynh* DATE 1/9/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUYNH, LIEU VAN			NAME			
STREET ADDRESS	3120 WOODHILL RD			STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN, FL 33880			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NGUYEN, DIEN KHANH			NAME			
STREET ADDRESS	304 LIVE OAK LN.			STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN, FL 33880			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COX, MAI			NAME			
STREET ADDRESS	300 LIVE OAK LANE			STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN, FL 33880			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEBANOFF, HUONG			NAME			
STREET ADDRESS	325 SAND PINE TRAIL			STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN, FL 33880			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NGUYEN, MAI			NAME			
STREET ADDRESS	304 LIVE OAK LANE			STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN, FL 33880			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 617, 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 *Lieu Van Huynh*