2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006267

Entity Name: THAN NHAN INCORPORATED

FILED Apr 08, 2006 Secretary of State

			New Britania d Blass		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
14240 HWY 98 N.					
KATHLEEN, FL 33849					
Current Mailing Address:			New Mailing Addres	s:	
ourrons manning / taurooor			3 ,		
14240 HW KATHLEEN	Y 98 N. N, FL 33849				
FEI Number: 59-3708736 FEI Number Applied For () FEI N			El Number Not Applicable()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
LE, KIM 14240 HW KATHLEEN	Y 98 N N, FL 33849	US			
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:					
	Electro	nic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	С () Delete	Title:	() Change () Addition	
Name:	HOANG, KHAN	iH	Name:	- , ,	
Address:	14240 HWY 9		Address:		
City-St-Zip:	KATHLEEN, F	_ 33849	City-St-Zip:		
Title:	Р () Delete	Title:	() Change () Addition	
Name:	NGUYAN, HUC		Name:	(,	
Address:	14240 HWY 9	8 N	Address:		
City-St-Zip:	KATHLEEN, F	_ 33849	City-St-Zip:		
Title:	SD () Delete	Title:	() Change () Addition	
Name:	LE, KIM) Delete	Name:	() Change () Addition	
Address:	14240 HWY 9	8 N	Address:		
City-St-Zip:	KATHLEEN, F		City-St-Zip:		
Title:) Delete	Title:	() Change () Addition	
Name:	MAI VO, HONG		Name: Address:		
Address:	12220 HWY 9 LAKELAND, F				
City-St-Zip:	LAKELAND, F	_ 33609	City-St-Zip:		
Title:	D () Delete	Title:	() Change () Addition	
Name:	NGUYEN, VINI		Name:		
Address:	12220 HWY 9		Address:		
City-St-Zip:	KATHLEEN, F	_ 33849	City-St-Zip:		
Title:	VP () Delete	Title:	() Change () Addition	
Name:	BANG, HIEP	, Delete	Name:	() Change () Addition	
Address:	14240 HWY 9	8 N	Address:		
City-St-Zip:	KATHLEEN, F		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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM LE SD 04/08/2006