


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F06000007377</b> 1. Entity Name DHONGAK THARLING, INC.	
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Principal Place of Business 3621 DE SAIX BLVD. NEW ORLEANS, LA 70119	Mailing Address 3621 DE SAIX BLVD. NEW ORLEANS, LA 70119
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<b>DO NOT WRITE IN THIS SPACE</b>
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04202007 No Chg-NP CR2E037 (4/06)

4. FEI Number 72-1264270	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MCQUAID, FELICIA 37 RANGER ST. FT. WALTON BEACH, FL 32548
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when re-registering)	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAMA, NGAWANG T. 3621 DE SAIX BLVD. NEW ORLEANS, LA 70119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TYREE, LAURA 51 LAURIE DR. FT. WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCQUAID, FELICIA 37 RANGER ST. FT. WALTON BEACH, FL 32548
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000725130 05/03/07-80010-002 61.25</p> <b>DO NOT WRITE IN THIS SPACE</b>
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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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>4/20/07</u> Daytime Phone # <u>850-833-2670</u>
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