

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K28698

Entity Name: DONG A CO.

FILED
Jan 22, 2008
Secretary of State

Current Principal Place of Business:

816 NORTH MILLS AVE.
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 530064
ORLANDO, FL 32853

New Mailing Address:

FEI Number: 59-2948333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAU, ANH
816 NORTH MILLS AVE
ORLANDO, FL 32803 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: DP () Delete
Name: CHAU, HUNG VI
Address: 816 NORTH MILLS AVE
City-St-Zip: ORLANDO, FL 32803

Title: DVS () Delete
Name: CHAU, ANH KIM
Address: 816 N MILLS AVE
City-St-Zip: ORLANDO, FL 32803

Title: DT () Delete
Name: CHAU, LANG KIM
Address: 816 NORTH MILLS AVE
City-St-Zip: ORLANDO, FL 32803

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 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: ANH CHAU

DVS

01/22/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date