2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005899

Entity Name: NHA VIETNAM CORP

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

106 N. ALBANY AVE TAMPA, FL 33606 US

Current Mailing Address: New Mailing Address:

PO BOX 10573 TAMPA, FL 33679 US

FEI Number: 20-0140654 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NGUYEN, LAI 106 N. ALBANY AVE TAMPA, FL 33606

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:

Address:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS: FDER () Change () Addition () Delete LE, NGA T Name: Name: Address: PO BOX 10573 Address: City-St-Zip: TAMPA, FL 33679 US City-St-Zip: Title: Title: () Delete () Change () Addition Name: NGUYEN, THI D Name: Address: PO BOX 10573 Address: City-St-Zip: TAMPA, FL 33679 US City-St-Zip: Title: () Delete Title: () Change () Addition LAIHUYEN, LIENNHU Name: Name: Address: PO BOX 10573 Address: City-St-Zip: TAMPA, FL 33679 US City-St-Zip: () Delete Title: TREA Title: () Change () Addition NGO, THAO Name: Name: PO BOX 10573 Address: Address: City-St-Zip: TAMPA, FL 33679 US City-St-Zip: Title: DIR () Delete Title: () Change () Addition TRAN, PHUONG T Name: Name: PO BOX 10573

City-St-Zip: TAMPA, FL 33679 US City-St-Zip: Title: () Delete Title: () Change () Addition

TRAN, HOANH D Name: Name: Address: PO BOX 10573 Address: TAMPA, FL 33679 US City-St-Zip: 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

SIGNATURE: NGA THI LE **FDER** 04/29/2009