

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# N03000006981

Entity Name: TALLEST TREE CUONG NHU CENTER, INC.

Current Principal Place of Business:

809 WEST UNIVERSITY AVENUE
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

809 WEST UNIVERSITY AVENUE
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 86-1080988 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

THOMAS, RON K MR.
2422 NW 106TH DRIVE
GAINESVILLE, FL 32606 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: THOMAS, RON
Address: 2422 NW 106TH DRIVE
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: GUERIN, DENISE
Address: 2422 NW 106TH DRIVE
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: SCHILLING, LOUIS
Address: 2020 SW 79TH DR
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: ELLIS, ULYSSES JR.
Address: 216 SE 20TH STREET
City-St-Zip: GAINESVILLE, FL 32641

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON THOMAS

_____ Electronic Signature of Signing Officer or Director

MR.

05/01/2008

_____ Date