2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 06, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # N9600000 NH TIN LANH BAP TIT LIE	0	5-06-2005 9	00097 043 ****61.	25			
Principal Place of Business 306 N DEVILLIERS ST PENSACOLA, FL 32501 US		Mailing Address 306 N DEVILLIERS ST PENSACOLA, FL 32501 US						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03082005	Chg-NP	CR2E037 (10/03)		
City & State		City & State		4. FEI Number 59-34163	31	<u> </u>	oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of		□ \$8.75 Add Fee Require		
	6. Name and Address of Curren	t Registered Agent	Nama	7. Name and Ad	idress of New F	Registered Agent		
NGUYEN, TAN			Name	Name				
306 N. DEVILLIVERS ST PENSACOLA, FL 32504			Street Address (P.O. Box Number is Not Acceptable)					
			City			FL Zip Cod		
	named entity submits this statement fi tions of registered agent.	or the purpose of changing its re	gistered office or	registered agent, or both, i		, .	and accept	
SIGNATURE :								
	Filing Fee is \$61.25			· · · · · · · · · · · · · · · · · · ·	T			
	Due by May 1, 2005	9. Election Camp Trust Fund Cor		\$5.00 May Be Added to Fees	(lake check payable to rida Department of Si		
10.		Trust Fund Cor		Added to Fees	Floi		tate	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2005	Trust Fund Cor	ntribution.	Added to Fees	Floi	rida Department of S	tate	
TITLE NAME STREET ADDRESS	Due by May 1, 2005 OFFICERS AND D PV NGUYEN, TAN 6341 AUDUBON ST	Trust Fund Cor	11. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees ADDITIONS/CHANG	Floi GES TO OFFICE	rida Department of SI RS AND DIRECTORS IN ☐ Change	tate	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2005 OFFICERS AND D PV NGUYEN, TAN 6341 AUDUBON ST PENSACOLA, FL 32504 T CONETTO, DAO 7119 CALUMET CT.	Trust Fund Cor	11. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees	Floi GES TO OFFICE	rida Department of SI RS AND DIRECTORS IN ☐ Change	I 10 Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PAINTED NA

NTED NAME OF SIGNING OFFICER OR DIRECTOR

05/1/05

Daytime Phone #