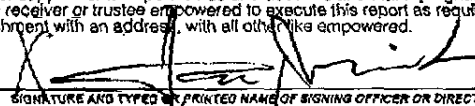


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000121992			
1. Entity Name DANG SUPER CONTRACT LABOR, INC.			
Principal Place of Business 5446 NOKOMIS CIR ORLANDO, FL 32839		Mailing Address 539 N MILLS AVE ORLANDO, FL 32803	
DO NOT WRITE IN THIS SPACE			
		 02032006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 01-0553147	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MINH, DANG 5446 NOKOMIS CIR ORLANDO, FL 32839		DO NOT WRITE IN THIS SPACE	
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 		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MINH, DANG 5446 NOKOMIS CIR ORLANDO, FL 32839		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T QUAN, ANH 5446 NOKOMIS CR. ORLANDO, FL 32839		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THONG, QUAN 5446 NOKOMIS CIR ORLANDO, FL 32839		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 607, 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: 		03-22-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	