


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000004892</b> 1. Entity Name DUC NHU HOLDINGS, INC.	
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Principal Place of Business 200 N. OCEAN BLVD. #1 PALM BEACH, FL 33480	Mailing Address C/O ALAN S. ZANGEN, P.A. 1200 CORPORATE CTR WAY, SUITE 201 WELLINGTON, FL 33414 US
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DO NOT WRITE IN THIS SPACE



02232006 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0592411	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

TIEN, NGUYEN-HUU  
 200 N. OCEAN BLVD. #1  
 PALM BEACH, FL 33480

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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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	UN0000477334 04/06/06-80048-004 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIEN, NGUYEN-HUU 200 N. OCEAN BLVD. #1 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NGUYEN, NHU HA 1611 CHARNITA COURT VIENNA, VA 221821923
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ *Alan S. Zangen* \_\_\_\_\_ *Nhu Ha Nguyen* \_\_\_\_\_ *3/14/06* \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #