2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT Jan 19, 2007 8:00 am DOCUMENT # P02000004892 **Secretary of State** 01-19-2007 90026 030 ***150.00 DUC NHU HOLDINGS, INC. Mailing Address Principal Place of Business 200 N. OCEAN BLVD. #1 C/O ALAN S. ZANGEN, P.A. 50000795 1200 CORPORATE CTR WAY, SUITE 201 PALM BEACH, FL 33480 WELLINGTON, FL 33414 CR2E034 (11/05) 01082007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0592411 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TIEN, NGUYEN-HUU DO NOT WRITE 200 N. OCEAN BLVD. #1 PALM BEACH, FL 33480 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE TIEN, NGUYEN-HUU NAME STREET ADDRESS 200 N. OCEAN BLVD. #1 CITY-ST-ZIP PALM BEACH, FL 33480 TITLE NGUYEN, NHU HA 1611 CHARNITA COURT STREET ADDRESS CITY-ST-ZIP VIENNA, VA 221821923 TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAMÉ STREET ADDRESS

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 of 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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF STONING OFFICER OR DIRECTO

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Daytime Phone #