


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P02000019380 1. Entity Name ALTERATIONS BY MINH-THU, INC. |  |
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|---|---|
| Principal Place of Business 12100 US HWY 1 NORTH PALM BEACH, FL 33408 | Mailing Address 1502 SW DOW LANE PORT SAINT LUCIE, FL 34953 |
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DO NOT WRITE IN THIS SPACE



02062006 No Chg-P CR2E034 (11/05)

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|----------------------------|-------------------------------|
| 4. FE Number 42-1585780 | Applied For Not Applicable |
|----------------------------|-------------------------------|

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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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6. Name and Address of Current Registered Agent

NELSON, COLLEEN
120 N US HWY ONE STE 200
TEQUESTA, FL 33469

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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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

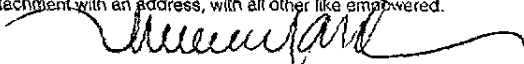
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PHAN, MINH T 1502 SW DOW LN PORT SAINT LUCIE, FL 34953. |
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1000000436670
02/28/06-80008-021 150.00

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

SIGNATURE:  2-8-06 561-443-8965

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #