2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2007 8:00 am Secretary of State

DOCUMENT # P03000058065 1. Entity Name				01-25-2007 90041 010 ***150.00		
LINH NHI	CORP.					
Principal Place	e of Business	Mailing Address				
700 3RD ST SW 700 3RD ST SW						
	EN, FL 33880	WINTER HAVEN, FL 33	880			
2. Principal Place of Business - No P.O. Box #		3 Mailing Address		1923/00 2010 00 00 00 00 00 00 00 00 00		
Suite, Apt. #, etc.		Suite, Apt. #. etc		01142007 Chg-P CR2E034 (12/06)		
City & State		City & State		4. FEI Number Applied For 41-2096072 Not Applicate		
Zip	Country	Zip	Country	5. Certificate of Status Desired Fee Required		
	6. Name and Address of Currer	nt Registered Agent	<u> </u>	7. Name and Address of New Registered Agent		
			Name	QUIHTUAN) A) HUYEN		
	HO, PHOUNG TE. 603 HERBS ROAD			Street Address (P.O. Box Number is Not Acceptable)		
	S ROAD IAVENÍFL 33881					
			1	16 LANTERN LN		
	<i>h</i>	1	City	UNTER HAVEN FL 35884		
8. The above	named entity submits this statement	for the durpose of changing its	registered office or	r registered agent, or both, in the State of Florida. Lam familiar with, and accept		
	ions of registered agent.					
SIGNATURE	10 M	<u>U</u>				
	Signature, further made of registered age	HOM) oldspilage I: ett l bas 'ne	E. Rug steråd Agent's gnatur	Line required when reinstation) (OATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campa Trust Fund Cont		\$5.00 May Be Added to Fees		
10.	OFFICERS AN	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TIFLE	DC	Delete	HILE	DC Change MAddition		
NAME STREET ADDRESS	HO, PHOUNG T 603 HERBS ROAD		NAME \$1REL1 ADDRESS	116 LANTERN LN		
CITY-S1-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP	WINTER HAVEN, 7L 33884		
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NAME	HO, PHOUNG T	,	NAME	ANHTUAN NEWYEN 116 LANTERN LANE		
STREET ADDRESS CITY-ST-ZIP	603 HERBS ROAD WINTER HAVEN, FL 33881		STREET ADDRESS CITY-ST-ZIP	WINTER HAVEN, TU 33884		
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	WINTER HAVEN, FL 33881	Delete	INCE	Change Additi		
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NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CHY-S1-ZIP			
indicated of the co	i on this report or supplemental repo	rt is true and accurate and that i inpowered to execute this report	my signature shalf ha t as required by Cha	contained in Chapter 119, Florida Statutes. I further certify that the information have the same legal effect as if made under oath, that I am an officer or directo lapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11		
CIONA	and I	(
SIGNAT	SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	Dat+ Daytime Phone ≠		