


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

| | |
|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P03000071771 1. Entity Name SAVE MY EGGS - NGUYEN, INC. |  |
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|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Principal Place of Business 836 PRUDENTIAL DRIVE SUITE 902 JACKSONVILLE, FL 32207 | Mailing Address 836 PRUDENTIAL DRIVE SUITE 902 JACKSONVILLE, FL 32207 |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|



04262006 No Chg-P CR2E034 (11/05)

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|------------------------------------|--------------------------------------------------------|
| 4. FEI Number 56-2382390 | Applied For <input type="checkbox"/> 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 NGUYEN, KEVIN 836 PRUDENTIAL DRIVE SUITE 902 JACKSONVILLE, FL 32207 |
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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 _____
Signature, typed or printed name of registered agent and 20% if applicable. (NOTE: Registered Agent signature required when reinstating) 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 | DPST NGUYEN, KEVIN 836 PRUDENTIAL DR., STE 902 JACKSONVILLE, FL 32207 |
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05/10/06-80101-014 150.00

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IN THIS SPACE**

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 officers empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 04/26/06 Daytime Phone # 904-399-5600