2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Aug 13, 2007 8:00 am Secretary of State **DOCUMENT # P04000007772** 1. Entity Name 08-13-2007 90021 043 ***150.00 MAI DUONG, INC. Principal Place of Business Mailing Address 11846 U.S 19 NORTH. 7418 U.S 19 NORTH NEW PORTRICHEY, FL 34652 PORT RICHEY, FL 34668 2. Principal Place of Business - No P.O. Box # 3. Mailing Address TO28 Suite, Apt. #, etc. Suite, Apt. #, etc. 07312007 CR2E034 (12/06) Cha-P Applied For City & State City & State 4. FEI Number 16-1690356 3468 20RT RICHE Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MAI, CUONG HUNG Street Address (P.O. Box Number is Not Acceptable) 7418 U.S 19 NORTH NEW PORT RICHEY, FL 34652 PORT RICHEY 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 14, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. MAI, CHONG HUNG Change Delete TITLE TITLE MAI, CUONG HUNG NAME NAME 7028 JAMES ST STREET ADDRESS 7418 U.S 19 NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW PORT RICHEY, FL. 34652 ☑ Oelete TITLE MAI DUONG MAI DUONG, LOAN THI NAME NAME STREET ADDRESS STREET ADDRESS 7418 U.S 19 NORTH CITY-ST-ZIP NEW PORT RICHEY, FL 34652 CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TIT) F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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.

FILED