

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90140 035 \*\*\*150.00

DOCUMENT # P04000016596  
 1. Entity Name  
 H T VENTURE, INC.



Principal Place of Business      Mailing Address  
 4505 PARK BLVD #9      4505 PARK BLVD #9  
 PINELLAS PARK, FL 33781      PINELLAS PARK, FL 33781

40095873



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt #, etc      Suite, Apt #, etc

03132007      Chg-P      CR2E034 (12/06)

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      20-0651799      Applicable For  
 Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 TAM, SHUNWAI  
 4505 PARK BLVD #9  
 PINELLAS PARK, FL 33781

7. Name and Address of New Registered Agent  
 Name: Quach, Huong S  
 Street Address (P.O. Box Number is Not Acceptable): 4505 Park Blvd # 9  
 City: Pinellas Park, FL      Zip Code: 33781

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:      DATE: 3/19/07

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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	DPS QUACH, HUONG S 4505 PARK BLVD #9 PINELLAS PARK, FL 33781 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VPD HUYNH, SUM V 4505 PARK BLVD #9 PINELLAS PARK, FL 33781 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP	   <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 employees.  
 SIGNATURE:      DATE: 3/19/07