## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Jan 23, 2006 8:00 am Secretary of State

Principal Pinco of Business   3900 COUL WATER CT.   3900 COUL WA	DOCUMENT # P04000105883  1. Entity Name TRANG DINH, P.A.					01-23-2006 90037 046 ***150.00				
Sulle, Apl. #, etc.    Sulle, Apl. #, etc.   Sulle, Apl. #, etc.   O1172006   Chg.P   CR2E034 (1105)   City & State   City & State   A. FEI Number   S2-2445321   Mol Applicable   S7-75 Additional Park   S	3900 COOL WATER CT.		3900 COOL WATER CT.			9	A A A A A A A A A A A A A A A A A A A			
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27p   Country   Zip   Country   S.2-2445321   Est Applicable   S.17 Additional   S	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01172006	Chg-P	CR2E034 (11/05)		
S. Ceutificate of Status Desired   \$8.75 f. Additional   \$8.75 f.	City & State		City & State				} <del>-</del>			
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STORY NO. DON L STATE AND STORY AND DIRECTORS  THE NOW III FE IS \$150.00  ARTOR May 1, 2006 Fee will be \$550.00  INH, TRANG  SIRELANDESS  CITY-SI-7P  WINTER PARK, FL 32792  THE  B. Delde  THE  SIRELANDESS  CITY-SI-7P  WINTER PARK, FL 32792  THE  SIRELANDESS  CITY-SI-7P  THE  SIRELAND		6. Name and Address of Current Registered Agent				·				
Size Angless (P.O. Box Angless	RPOWN DON!				Name TRANG DINH					
MAITLAND, FL 32751    City WINTER Pack   FL   32792	533 VERSAILLES DR.				Street Address	(P.O. Box Numb	er is Not Acceptab	ER CT.		
B. The above named entity submits this statement for the purpose of program in the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the property of the							<b>a</b>			
The obligations of registerer agent  SIGNATURE  Signatury Nursed or product centre of troughout is war and time it application.  FILE NOWILL FEE IS \$150.00  9. Election Campaging Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT III III III III III III III III III							「└   32 <i>7</i>	92		
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CITY-ST-ZIP CITY-ST-ZIP  12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statules, I further certify that the information	CITY -ST-ZIP		· · · · · · · · · · · · · · · · · · ·							

indicated on this report or supplier with his tiling does not quality for the everptions contained in Chapter 119, Florida Statules. Further carries that the information indicated on this report or supplierental 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 Statules; 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.