

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000060382

FILED  
Jul 05, 2006  
Secretary of State

Entity Name: LISA LINH, INC.

**Current Principal Place of Business:**

12236 LAKE FERN DRIVE  
JACKSONVILLE, FL 32258

**New Principal Place of Business:**

7860-119 GATE PARKWAY  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

12236 LAKE FERN DRIVE  
JACKSONVILLE, FL 32258

**New Mailing Address:**

FEI Number: 42-1665833

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PEPER, RICHARD C JR  
8833 PERIMETER PARK BLVD SUITE 602  
JACKSONVILLE, FL 32216 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: TRAN, THUHONG  
Address: 12236 LAKE FERN DRIVE  
City-St-Zip: JACKSONVILLE, FL 32258

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THUHONG TRAN

DP

07/05/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date