

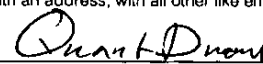


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90068 029 ***150.00

DOCUMENT # P05000120000			
1. Entity Name QUACH & DUONG, INCORPORATED			
Principal Place of Business 720 NORTH MILLS AVENUE ORLANDO, FL 32803		Mailing Address 720 NORTH MILLS AVENUE ORLANDO, FL 32803	
2. Principal Place of Business - No P.O. Box # 8519 Sunny Hollow Ct Suite, Apt. #, etc.		3. Mailing Address P.O. Box 69253A Suite, Apt. #, etc.	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32819	Country	Zip 32869-2534	Country
4. FEI Number 20-3378851		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUONG, QUANG 720 NORTH MILLS AVENUE ORLANDO, FL 32803		7. Name and Address of New Registered Agent Name: QUANG DUONG Street Address (P.O. Box Number is Not Acceptable): 8519 Sunny Hollow Ct. City: ORLANDO FL Zip Code: 32819	
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 (X) 		DATE: 2-19-08	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD DUONG, QUANG 720 NORTH MILLS AVENUE ORLANDO, FL 32803 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S.T.D. DUONG 8519 Sunny Hollow Ct ORLANDO, FL 32819 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowered.			
SIGNATURE (X) 		DATE: 2-19-08	DAYTIME PHONE #: (409) 351-5116