


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90277 043 ***150.00

DOCUMENT # P05000149273	
1. Entity Name NINA DANG, P.A.	

Principal Place of Business 4152 WEST BLUE HERON BLVD SUITE 110 RIVIERA BEACH, FL 33404	Mailing Address 4152 WEST BLUE HERON BLVD SUITE 110 RIVIERA BEACH, FL 33404
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2. Principal Place of Business - No P.O. Box # 514 N. State Rd 7	3. Mailing Address 514 N. State Rd 7
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Royal Palm Beach FL	City & State Royal Palm Beach FL
Zip 33411	Zip 33411
Country US	Country US

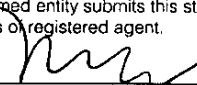
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04192007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent DANG, NINA 4152 W. BLUE HERON BLVD, SUITE 110 RIVIERA BEACH, FL 33404	
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4. FEI Number 20-3748644	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent Name NINA DANG DANG, NINA Street Address (P.O. Box Number is Not Acceptable) 514 N. State Rd 7 City Royal Palm Beach FL Zip Code 33411	
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  NINA DANG, President	DATE 4-19-07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DANG, NINA 4152 W. BLUE HERON BLVD, SUITE 110 RIVIERA BEACH, FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DANG, NINA 514 N. State Rd 7 Royal Palm Beach, FL 33411 <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
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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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

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:  NINA DANG, President 4-19-07 5612819360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #