

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000029697

FILED
Feb 11, 2009
Secretary of State

Entity Name: OANH NGUYEN INC.

Current Principal Place of Business:

905 E. MEMORIAL BLVD
SUITE 1
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

905 E. MEMORIAL BLVD
SUITE 1
LAKELAND, FL 33801

New Mailing Address:

FEI Number: 16-1718416 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NGUYEN, KIM
905 E. MEMORIAL BLVD
SUITE 1
LAKELAND, FL 33801 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: NGUYEN, KIM
Address: 310 RUBY LAKE LOOP
City-St-Zip: WINTERHAVEN, FL 33884

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: NGUYEN, KIM O
Address: 310 RUBY LAKE LOOP
City-St-Zip: WINTERHAVEN, FL 33884

Title: V/P () Change (X) Addition
Name: NGUYEN, KIM
Address: 320 MONTEGO CT SE
City-St-Zip: WINTERHAVEN, FL 33884

Title: T () Change (X) Addition
Name: TRUONG, THUY
Address: 5028 LYNN RD
City-St-Zip: LAKELAND, FL 33881

Title: S () Change (X) Addition
Name: NGUYEN, VON
Address: 310 RUBY LAKE LOOP
City-St-Zip: WINTERHAVEN, FL 33884

I hereby certify that the information supplied with this filing does not qualify 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: X

P

02/11/2009

Electronic Signature of Signing Officer or Director

_____ Date