


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 18, 2006 08:00 AM
Secretary of State**

DOCUMENT # P93000040571 1. Entity Name MANSU CORPORATION	
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Principal Place of Business 299 ROSEHILL DR TALLAHASSEE, FL 32312 US	Mailing Address 299 ROSEHILL DR TALLAHASSEE, FL 32312 US
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01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3186370	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent ZENSEN, DENNIS 299 ROSEHILL DR TALLAHASSEE, FL 32312
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

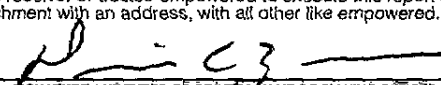
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZENSEN, DENNIS 299 ROSEHILL DR TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZENSEN, CAROL 299 ROSEHILL DR TALLAHASSEE, FL 32312
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IN THIS SPACE**

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01/24/06-BU003-012 150.00

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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/06 850 894-5711
Date Daytime Phone #