


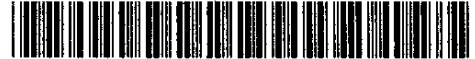
2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90045 027 ***150.00

DOCUMENT # P95000089136	
1. Entity Name CAPT. P., INC.	

Principal Place of Business 1751 WEDGWOOD DR. HARVEY, LA 70058	Mailing Address 1751 WEDGWOOD DR. HARVEY, LA 70058
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02022007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3347558	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
NGUYEN, MYLINH 3014 E. 1ST CT. PANAMA CITY, FL 32401

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

**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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPC NGUYEN, BUI V 1751 WEDGEWOOD DR. HARVEY, LA 70058
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP NGUYEN, TRINH T 1750 WEDGWOOD DR. HARVEY, LA 70058
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RA NGUYEN, MYLINH 3014 E. 1ST CT. PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST NGUYEN, SUONG 1629 CROSSMOOR DR HARVEY, LA 70058
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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:  **Suong Nguyen** **2/21/07** **(504) 371-1616**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #