


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P99000038438 1. Entity Name PARTY BARN, INC. |  |
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| Principal Place of Business 10934 LEM TURNER RD JACKSONVILLE, FL 32218 | Mailing Address 10934 LEM TURNER RD 42 JACKSONVILLE, FL 32218 |
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02072006 No Chg-P CR2E034 (11/05)

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|---|--|
| 4. FEI Number 59-3571297 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent NGUYEN, PETER H 10934 LEM TURNER RD JACKSONVILLE, FL 32218 |
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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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 | DP NGUYEN, PETER H 1442 BELLSHORE CIR S JACKSONVILLE, FL 32218 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SDVT NGUYEN, THUY T 1442 BELLSHORE CIR S JACKSONVILLE, FL 32218 |
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03/14/06 80052-003 150.00

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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:  **THUY T. NGUYEN** **Mar 1, 06** **(904) 764 4313**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #