

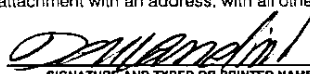


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90199 028 \*\*\*150.00

<b>DOCUMENT # S27363</b> 1. Entity Name <b>DNY, INC.</b>					
Principal Place of Business <b>4033 SOUTHWEST 2ND COURT CAPE CORAL, FL 33914-7858</b>				Mailing Address <b>4033 SOUTHWEST 2ND COURT CAPE CORAL, FL 33914-7858</b>	
2. Principal Place of Business <b>24200 GOLDEN EAGLE LN</b> Suite, Apt. #, etc.		3. Mailing Address <b>24200 GOLDEN EAGLE LN</b> Suite, Apt. #, etc.			
City & State <b>BONITA SPRINGS, FL</b> Zip <b>34135</b> Country <b>LEE</b>		City & State <b>BONITA SPRINGS, FL</b> Zip <b>34135</b> Country <b>LEE</b>		4. FEI Number <b>65-0319247</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>DINH, DON VAN 4033 SW 2ND COURT CAPE CORAL, FL 33914</b>			7. Name and Address of New Registered Agent Name <b>DINH, DON VAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>24200 GOLDEN EAGLE LANE</b> City <b>BONITA SPRINGS</b> <b>FL</b> Zip Code <b>34135</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NGUYEN, VAN THI 4033 SW 2ND COURT CAPE CORAL, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NGUYEN, VAN THI 24200 GOLDEN EAGLE LANE BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DINH, DON VAN 4033 SW 2ND COURT CAPE CORAL, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DINH, DON VAN 24200 GOLDEN EAGLE LANE BONITA SPRINGS, FL 34135 <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	
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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			7/05/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		