


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # S31651 1. Entity Name SEW & TELL, INCORPORATED	
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Principal Place of Business 1757 WEST BROADWAY SUITE #2 OVIEDO, FL 32765	Mailing Address 1757 WEST BROADWAY SUITE #2 OVIEDO, FL 32765
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01282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0243305	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HUYNH, ONE DAO 2937 AMROTH PLACE CASSELBERRY, FL 32707
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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 *One Dao Huynh* - ONE DAO HUYNH - President 1-30-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PD HUYNH, ONE DAO 2937 AMROTH PL CASSELBERRY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HUYNH, CANG T 2937 AMROTH PL CASSELBERRY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUYNH, CUONG QUOC 14107 COLONIAL SPRING WAY ORLANDO, FL 32826
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/08/08-80045-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *One Dao Huynh* ONE DAO HUYNH 1-30-08 407-366-7730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #