2006 (Af

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2006 8:00 am Secretary of State

	1. Entity Name DINH ENT	ERPRISES, INC.		04-26-2006 90212 007 ***150.00					
	Principal Ridce 3307 WEST O KISSIMMEE, F	AK ST.	Mailing Address 2818 DELL WOOD DR. ORLANDO, FL 32806		But it is the same la year 40064220				
	2. Principal P	ace of Business W. OAK ST	3. Mailing Address 2818 DELLWood &N Suite, Apt. #, etc.						
-	City & State	- /	City & State			04062005 Chg-P CR2E034 (10/03) 4. FEI Number APPLIED FOR 59 - 3 1/89/4 X Applied For Not Applicable			
	347	nmee Fia Country OSCeola	32806 (Country MANGE	5. Certificate of S	Status Desired	\$8.75 Add Fee Required		
_		5. Name and Address of Current R	Name	7. Name and Ad	Idress of New Registered	Agent			
	DINH, VAN TRÂN 2818 DELLWOOD DR. : ORLANDO, FL 32806			Street Address (P.O. Box Number is Not Acceptable)					
	*			City FL Zip Code					
	SIGNATURE_ FILI After Ma	Signature, typed or printed name of glostered egon) are E NOWIII FEE IS \$150.00 ay 1, 200 Fee will be \$550.0		\$5.00 May Be Added to Fees	mider A DATE				
Ļ	10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CH	IANGES TO OFFICERS AN	O DIRECTORS	SIN 11	
Ì	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DINH, VAN TRAN 2818 DELLWOOD DR. ORLANDO, FL 32806	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
1	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DINH, VAN TRAN 2818 DELLWOOD DR. ORLANDO, FL 32806	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
	TITLE NAME STREET ADDRESS ONY-ST-ZIP	V DINH, RANG VAN 2818 DELLWOOD DR. ORLANDO, FL-32866	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP			Change	Addition	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	pertify that the information supplied with	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	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 eath; 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:

GNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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