

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L03000025400 1. Entity Name PEARL OF THE ORIENT LLC																											
Principal Place of Business 15 N. CORAL REEF CT. PALM COAST, FL 32137		Mailing Address 15 N. CORAL REEF CT. PALM COAST, FL 32137																									
2. Principal Place of Business - No P.O. Box # Subst. Apt. #, etc. 7 WILDEN PL		3. Mailing Address Subst. Apt. #, etc. 6 ANGKLONG LANE # 09-03 FIBER GDN.																									
City & State PALM COAST, FL		City & State SINGAPORE																									
Zip 32164-7637		Zip 579980																									
Country U.S.A.		Country SINGAPORE																									
4. FRI Number 33-1084349		Applied For ☐ Not Applies																									
5. Certificate of Status Desired ☒		\$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent TIRO, PERLITA 16 N. CORAL REEF CT. PALM COAST, FL 32137		7. Name and Address of New Registered Agent Name TAN, JOHNNY Street Address (P.O. Box Number is Not Acceptable) 7 WILDEN PL City PALM COAST FL Zip Code 32164-76																									
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: MA. PERLITA G. TIRO (Current) JOHNNY TAN (New) 5/11/07 (Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when submitting.) DATE																											
Amended AR is \$55.00		State check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE MGR NAME LAUGHLIN, KENNETH STREET ADDRESS 16 CORAL REEF CT N. CITY-ST-ZIP PALM COAST, FL 32137 </td> <td style="width: 50%; padding: 2px;"> ☒ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> </table>		TITLE MGR NAME LAUGHLIN, KENNETH STREET ADDRESS 16 CORAL REEF CT N. CITY-ST-ZIP PALM COAST, FL 32137	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	10. ADDITIONS/CHANGES <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE MANAGING MEMBER NAME TIRO, MA. PERLITA G. STREET ADDRESS 6 ANGKLONG LANE # 09-03 CITY-ST-ZIP SINGAPORE 579980 </td> <td style="width: 50%; padding: 2px;"> ☐ Change ☒ Add </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Add </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Add </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Add </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Add </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Add </td> </tr> </table>		TITLE MANAGING MEMBER NAME TIRO, MA. PERLITA G. STREET ADDRESS 6 ANGKLONG LANE # 09-03 CITY-ST-ZIP SINGAPORE 579980	☐ Change ☒ Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes. SIGNATURE: MA. PERLITA G. TIRO 30 April 2007 (65) 90048221 CO-SIGNER AND TYPED OR PRINTED NAME OF SENIOR MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																											

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