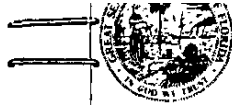


1. Entity Name

THAI ORCHID, INC.



Principal Place of Business

10022 CROSS CREEK BLVD.
TAMPA FL 33647
US

Mailing Address

10022 CROSS CREEK BLVD.
TAMPA FL 33647
US

2. Principal Place of Business - No P.O. Box

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3725555

Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THANAPRACHOOM, TASANEE
10022 CROSS CREEK BLVD.
TAMPA FL 33647

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution, ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	LATTANAND, SAOWANEE	
STREET ADDRESS	10022 CROSS CREEK BLVD.	
CITY-STATE-ZIP	TAMPA FL 33647	

TITLE	VD	☐ Delete
NAME	THANAPRACHOOM, TASANEE	
STREET ADDRESS	10022 CROSS CREEK BLVD.	
CITY-STATE-ZIP	TAMPA FL 33647	

TITLE	T	☐ Delete
NAME	PHONTHIP, UNYAKIAT E	
STREET ADDRESS	10022 CROSS CREEK BLVD.	
CITY-STATE-ZIP	TAMPA FL 33647	

TITLE	S	☐ Delete
NAME	PAISAN, KLAILEE	
STREET ADDRESS	10022 CROSS CREEK BLVD.	
CITY-STATE-ZIP	TAMPA FL 33647	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	000000633514	
CITY-STATE-ZIP	02/21/07-80065-005 150.00	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/21/07

Date

(813) 994-1178

Daytime Phone #