2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 19, 2004 8:00 am **Secretary of State** DOCUMENT # P02000053800 03-19-2004 90063 028 ***150.00 BOONTING, INCORPORATED Principal Place of Business Maling Address 24025173 THAI-THAI II RESTAURANT THAI-THAI II RESTAURANT 2324-NA1A 2324-NA1A INDIALANTIC, FL 32903 INDIALANTIC, FL 32903 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03112004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable 41-2041355 Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Nuampatom. Boontina LIANG, BRIAN Street Address (P.O. Box Number is Not Acceptable) 1226 E. COLONIAL DRIVE 2324 - N bighway SUITE B ORLANDO, FL 32803 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 03/16/00 NUAMOATON BOOMS SIGNATURE. Skinature, when or printed name of registered agent and title if supplicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2004 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change Addition DITE ☐ Delete TIME NUAMPATOM, BOONTING NAME NAME STREET ADDRESS 1925 5TH AVENUE STREET ADDRESS VERO BEACH, FL 32960 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Channe NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME OTPECT Approve CITY-ST-ZIP CITY - ST - 7:P TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. Thereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nuampaton, Booting

63/16/04 (32)7/73-6144

FILED