


FILED
May 16, 2007 8:00 am
Secretary of State

04-24-2007 90012 041 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P05000096084

1. Entry Name
MYANMAR, INC.



Principal Place of Business Mailing Address

6048 RIO VERDE DR 6048 RIO VERDE DR
 PORT ORANGE, FL 32128 US PORT ORANGE, FL 32128 US

66015142



03302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3370349

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

OO, THET
6048 RIO VERDE CR
PORT ORANGE, FL 32128

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	OO, THET
STREET ADDRESS	5609-VICTORIA-GARDENS-BLVD-#1602 6048 Rio Verde Dr
CITY-ST-ZIP	PORT ORANGE, FL 32127 32128
TITLE	VP
NAME	OO, TIN MAUNG
STREET ADDRESS	5609-VICTORIA-GARDENS-BLVD-#1602 6048 Rio Verde Dr
CITY-ST-ZIP	PORT ORANGE, FL 32127- 37128
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: X [Signature] 05-12-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #