

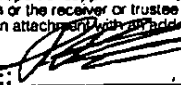


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04-30-2007 90458 009 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P06000088898			
1. Entity Name EASTWARD, INC.			
Principal Place of Business 1201 N. FEDERAL HIGHWAY SUITE 3A - 3B FT. LAUDERDALE, FL 33304		Mailing Address 1201 N. FEDERAL HIGHWAY SUITE 3A - 3B FT. LAUDERDALE, FL 33304	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
Zip		Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PALAKAWONGNAAYUDHAYA, PRANGAHTHITA 1752 N.W. 18 STREET FT. LAUDERDALE, FL 33311		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 		DATE 04-25-07	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PALAKAWONGNAAYUDHAYA, PRANGAHTHITA 1752 N.W. 18 STREET FT. LAUDERDALE, FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VADHANAROMYA, RATTIKORN 6192 PINE TREE LANE, #B TAMARAC, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC NAKJAROEN, UNGSUMALIN 2716 N.E. 1 AVENUE WILTON MANORS, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA PALAKAWONGNAAYUDHAYA, APHANSITANG 20025 N.W. 83 COURT MIAMI LAKES, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE 04-25-07 954-616-1152	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66020471



01112007 Chg-P CR2E034 (12/06)

4. FEI Number **20-5139076** Applied For Not Applicable

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

SIGNATURE:  DATE **04-25-07** **954-616-1152**

ATTACHMENT

66020471

THE FOUR RIVERS

Contemporary Thai Kitchen

1201 North Federal Highway, Suite 3A-3B

Fort Lauderdale, Florida 33304

Telephone: (954) 616 -1152

Fax: (954) 318 - 3335

July 8, 2007

**Florida Department of State
Division of Corporations
P.O Box 6327
Tallahassee, Florida 32314**

Subject: Eastward, Inc.

Reference Number: P06000088898

To Whom It May Concern:

I, Prangahthita Palakawong, am requesting you to waive the \$400.00 late fee for late filing of 2007 profit corporation annual report. The report was originally prepared and sent to Department of state **before dead line:** May 1, 2007. However, the report was not completed with some unaware omitted information since the report was prepared by our accountant. Assumably, the report was successfully filed; I myself as a president and general manager left for Thailand for six (6) consecutive weeks.

Upon receiving for the letter notifying the correction of the report; unfortunately, my assistant had no access to the omitted information. I myself recently returned to work, as immediately call to resolve the matter.

According to the mentioned situation, your understanding and approval to waive the late fee would be highly appreciated.

Sincerely Yours,


Prangahthita Palakawong
President of Eastward, Inc.