

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000110151

FILED
Feb 01, 2007
Secretary of State

Entity Name: ORIENTAL IMPORT POTTERY, INC.

Current Principal Place of Business:

4601 HAINES ROAD NORTH
ST. PETERSBURG, FL 33714

New Principal Place of Business:

Current Mailing Address:

4601 HAINES ROAD NORTH
ST. PETERSBURG, FL 33714

New Mailing Address:

FEI Number: 20-5429149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAU, KIM
4601 HAINES ROAD NORTH
ST. PETERSBURG, FL 33714 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,S () Delete
Name: CHAU, KIM
Address: 5850 115TH CIRCLE NORTH
City-St-Zip: PINELLAS PARK, FL 33782 US

Title: D () Delete
Name: CHAU, KIM
Address: 5850 115TH CIRCLE NORTH
City-St-Zip: PINELLAS PARK, FL 33782 US

Title: D (X) Delete
Name: KHOUMPHONPHAKDY, TONY
Address: 4601 HAINES ROAD NORTH
City-St-Zip: ST. PETERSBURG, FL 33714 US

Title: VP,T (X) Delete
Name: KHOUMPHONPHAKDY, TONY
Address: 4601 HAINES ROAD NORTH
City-St-Zip: ST. PETERSBURG, FL 33714 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM CHAU

P,S

02/01/2007

Electronic Signature of Signing Officer or Director

Date