2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 02, 2009
Secretary of State

DOCUMENT# P08000026655

Entity Name: BASIL THAI & SUSHI, INC

Current Principal Place of Business:

1004 HENDRICKS AVENUE
JACKSONVILLE, FL 32207

New Principal Place of Business:

1004 HENDRICKS AVENUE
JACKSONVILLE, FL 32207 US

Current Mailing Address:

1004 HENDRICKS AVENUE
JACKSONVILLE, FL 32207

New Mailing Address:

1004 HENDRICKS AVENUE
JACKSONVILLE, FL 32207 US

FEI Number: 26-2192045 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAMES A. NOLAN, P.A.
4114 HERSCHEL ST STE 105
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

JAMES A. NOLAN, P.A.
4114 HERSCHEL STREET, SUITE 105
JACKSONVILLE, FL 32210 US

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: _____ 06/02/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SENGKHAMYONG, TOM
Address: 1004 HENDRICKS AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

Title: V ( ) Delete
Name: OUDOMPARAMY, THONGKHAM
Address: 1004 HENDRICKS AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

Title: V (X) Delete
Name: GOH, MELANIE
Address: 1004 HENDRICKS AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

Title: V (X) Delete
Name: SALIANEKHAM, SANYA
Address: 1004 HENDRICKS AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

Title: VPS (X) Delete
Name: CHANTHAPHASOUK, VETH
Address: 1004 HENDRICKS AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: SENGKHAMYONG, TOM
Address: 1004 HENDRICKS AVENUE
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: DV (X) Change ( ) Addition
Name: GOH, MELANIE
Address: 1004 HENDRICKS AVENUE
City-St-Zip: JACKSONVILLE, FL 32207 US

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 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: TOM SENGKHAMYONG DPS 06/02/2009
Electronic Signature of Signing Officer or Director — Date