



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90176 008 ***158.75

DOCUMENT # F05000002710 1. Entity Name THOMAS PINK INC.					
Principal Place of Business 625 MADISON AVENUE NEW YORK, NY 10022			Mailing Address 625 MADISON AVENUE NEW YORK, NY 10022		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 98-0165823	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 TRAN THI, THUY <input checked="" type="checkbox"/> Delete 625 MADISON AVENUE NEW YORK, NY 10022		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERT DUNDON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 625 MADISON AVENUE NEW YORK, NY 10022	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TEVENIN, JEAN-CHRISTOPH <input checked="" type="checkbox"/> Delete 625 MADISON AVENUE NEW YORK, NY 10022		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PATRICE PFSTNER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 625 MADISON AVENUE NEW YORK, NY 10022	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEILBRON, JONATHAN <input type="checkbox"/> Delete 1 HAVELOCK TERRACE LONDON SW8 AP4 ENGLAND,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T URUCHIMA, BARMA <input type="checkbox"/> Delete 625 MADISON AVENUE NEW YORK, NY 10022		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOLANDA, KATHRYN <input type="checkbox"/> Delete 19 EAST 57TH STREET NEW YORK, NY 10022		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIRESTONE, LOUISE <input type="checkbox"/> Delete 19 EAST 57TH STREET NEW YORK, NY 10022		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: X 			4/24/06 212-931-2000 Date Daytime Phone #		