2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 27, 2006 08:00 AM DOCUMENT # M16975 Secretary of State 1. Entity Name JAMES & TOMMY, INC. Principal Place of Business Mailing Address 182 S. POWERLINE ROAD 1182 S. POWERLINE ROAD POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CRZE034 (10/05) Applied For City & State City & State 4. FEI Number 59-2546532 Not Applicat: Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SRICHEW, SUPARPORN Street Address (P.O. Box Number is Not Acceptable) 3508 DUNES VISTA DR. POMPANO BEACH FL 33069 City 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 Signature, typed or primed name of registered agent and little if applicable (NOTE: Registored Agent signature required when (pinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 33. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change Addition NAME SRICHEW, SUPARPORN NAME U00000450655 STREET ADDRESS 3508 DUNES VISTA DR. STREET ADDRESS 03/10/06-80014-013 150.00 CITY-ST-70P CITY-ST-ZIP POMPANO BEACH FL TITLE ☐ Delete TITLE ☐ Change Addition NAME SRICHEW, JUTHA NAME STREET ADDRESS STREET ADDRESS 3508 DUNES VISTA DR. CITY-ST-ZIP POMPANO BEACH FL CITY-ST-ZIP TITLE ☐ Deicte 71TI F ☐ Change ☐ Addition NAM SRICHEW, JATUPONG STREET ADDRESS 3508 DUNES VISTA DR. STREET ADDRESS CITY-ST-71P POMPANO BEACH FL CITY-ST-ZIP BILE □ Delete TITLE Change ☐ Addition NAME SRICHEW, TAVEEPONG NAME 3508 DUNES VISTA DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33069 CATY-ST-ZIP ☐ Detete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C/TY-ST-2/F BILE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

**FILED** 

2.22.2006. (90f) 979-1955