

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45329

FILED  
May 28, 2009  
Secretary of State

**Entity Name:** WAT PUNYAWANARAM OF MELBOURNE INC.

**Current Principal Place of Business:**

4490 AURORA RD  
MELBOURNE, FL 32934

**New Principal Place of Business:**

**Current Mailing Address:**

4490 AURORA RD  
MELBOURNE, FL 32934

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

THARPRAMART, PHRA SOMMAI  
4490 AURORA RD  
MELBOURNE, FL 32934 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: THAPRAMART, PHRA SOMMAI  
Address: 4490 AURORA RD  
City-St-Zip: MELBOURNE, FL 32934

Title: TD ( ) Delete  
Name: ZEIGLER, SAKORN  
Address: 3034 PEBBLE CREEK STREET  
City-St-Zip: MELBOURNE, FL 32935

Title: SD ( ) Delete  
Name: LEBLANC, THONGMEE N  
Address: 2636 ASTON CIRCLE  
City-St-Zip: MELBOURNE, FL 32940

Title: TR ( ) Delete  
Name: HANNEMANN, BEYANAAD  
Address: 120 LARVIERE RD  
City-St-Zip: COCOA BEACH, FL 32931

Title: TR ( ) Delete  
Name: NONGLUCH, MONMA  
Address: 4655 WILLOW BEND DR.  
City-St-Zip: MELBOURNE, FL 32935

Title: AS ( ) Delete  
Name: MORGAN, JAMES  
Address: 1124 PINE CREEK CIR  
City-St-Zip: PALM BAY, FL 32905

**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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHRA SOMMAI THAPRAMART

PTHA

05/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date