


**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jan 18, 2006 8:00 am**  
**Secretary of State**

01-18-2006 90027 002 \*\*\*150.00

|   |   |
|---|---|
| DOCUMENT # <b>P000000093105</b>         |  |
| 1. Entity Name <b>Pottery-world Inc</b> |   |

**DO NOT WRITE IN THIS SPACE**

**60003319**

|  |                      |                     |         |
|--|----------------------|---------------------|---------|
| 2. Principal Place of Business<br><b>908 Air-port Rd</b> |                      | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                                      |                      | Suite, Apt. #, etc. |         |
| City & State <b>Destin, FL</b>                           |                      | City & State        |         |
| Zip <b>32541</b>   | Country <b>U.S.A</b> | Zip                 | Country |

CR2E034B (8/05)

|                                       |   |  |                                       |
|---------------------------------------|---|--|---------------------------------------|
| <b>DO NOT WRITE<br/>IN THIS SPACE</b> | 4. FEI Number <b>59-3674-546</b>                          |  | Applied For                           |
|                                       |   |  | Not Applicable                        |
|                                       | 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required |
|                                       | 7. Name and Address of Current 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 \_\_\_\_\_

|   |   |
|---|---|
| <b>January 1 - May 1 Fee is \$150.00</b><br><b>After May 1, Fee is \$550.00</b><br><b>Amended AR is \$61.25</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |  |  |                                       |
|--|--|--|---------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>President</b><br><b>Wong-Kim-Thye</b><br><b>908 Air-port Rd, Destin</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Treasurer</b><br><b>Tan Hee-Huat</b><br><b>908 Air-port Rd, Destin</b>  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other information provided.

**SIGNATURE:**  **1/12/06 (850) 650-9240**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #