

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**



|  |                           |                                 |                |   |                                 |                              |  |
|--|---------------------------|---------------------------------|----------------|---|---------------------------------|------------------------------|--|
| <b>DOCUMENT # P01000067889</b>   |                           |                                 |                | <b>1. Entity Name</b>   |                                 | <b>PAD THAI, INC.</b>        |  |
| <b>Principal Place of Business</b>   |                           |                                 |                | <b>Mailing Address</b>  |                                 |                              |  |
| 875 VANDERBILT BEACH ROAD<br>NAPLES FL 34108   |                           |                                 |                | 875 VANDERBILT BEACH ROAD<br>NAPLES FL 34108  |                                 |                              |  |
| <b>2. Principal Place of Business</b>  |                           |                                 |                | <b>3. Mailing Address</b>   |                                 |                              |  |
| Suite, Apt. #, etc.  |                           |                                 |                | Suite, Apt. #, etc.   |                                 |                              |  |
| City & State   |                           |                                 |                | City & State  |                                 |                              |  |
| Zip  |                           | Country                         |                | Zip   |                                 | Country                      |  |
| <b>6. Name and Address of Current Registered Agent</b>   |                           |                                 |                | <b>7. Name and Address of New Registered Agent</b>  |                                 |                              |  |
| DAOHEUANG, DOUM<br>875 VANDERBILT BEACH ROAD<br>NAPLES FL 34108  |                           |                                 |                | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code  |                                 |                              |  |
| <b>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</b><br>SIGNATURE: <u><i>D. Kelly</i></u> (NOTE: Registered Agent signature required when reconstituting)<br>DATE: <u>1-31-06</u> |                           |                                 |                |   |                                 |                              |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |                           |                                 |                | <b>9. Election Campaign Financing</b> <b>\$5.00</b> May F<br>Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b> |                                 |                              |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |                           |                                 |                | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |                                 |                              |  |
| TITLE  | P                         | <input type="checkbox"/> Delete | TITLE          |   | <input type="checkbox"/> Change | <input type="checkbox"/> Add |  |
| NAME   | DAOHEUANG, DOUM           |                                 | NAME           | U00000430498  |                                 |                              |  |
| STREET ADDRESS   | 875 VANDERBILT BEACH ROAD |                                 | STREET ADDRESS | 02/22/06-80050-018 150.00   |                                 |                              |  |
| CITY-ST-ZIP  | NAPLES FL 34108           |                                 | CITY-ST-ZIP    |   |                                 |                              |  |
| TITLE  | DV                        | <input type="checkbox"/> Delete | TITLE          |   | <input type="checkbox"/> Change | <input type="checkbox"/> Add |  |
| NAME   | DAOHEUANG, KOMPHONPHADY   |                                 | NAME           |   |                                 |                              |  |
| STREET ADDRESS   | 875 VANDERBILT BEACH ROAD |                                 | STREET ADDRESS |   |                                 |                              |  |
| CITY-ST-ZIP  | NAPLES FL 34108           |                                 | CITY-ST-ZIP    |   |                                 |                              |  |
| TITLE  |                           | <input type="checkbox"/> Delete | TITLE          |   | <input type="checkbox"/> Change | <input type="checkbox"/> Add |  |
| NAME   |                           |                                 | NAME           |   |                                 |                              |  |
| STREET ADDRESS   |                           |                                 | STREET ADDRESS |   |                                 |                              |  |
| CITY-ST-ZIP  |                           |                                 | CITY-ST-ZIP    |   |                                 |                              |  |
| TITLE  |                           | <input type="checkbox"/> Delete | TITLE          |   | <input type="checkbox"/> Change | <input type="checkbox"/> Add |  |
| NAME   |                           |                                 | NAME           |   |                                 |                              |  |
| STREET ADDRESS   |                           |                                 | STREET ADDRESS |   |                                 |                              |  |
| CITY-ST-ZIP  |                           |                                 | CITY-ST-ZIP    |   |                                 |                              |  |
| TITLE  |                           | <input type="checkbox"/> Delete | TITLE          |   | <input type="checkbox"/> Change | <input type="checkbox"/> Add |  |
| 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.**

**SIGNATURE:** *D. Kelly* 1-31-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date