
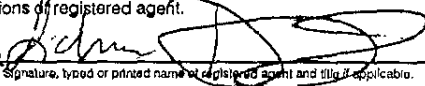



**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 31, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000078276</b>		
1. Entity Name <b>SICHON DESIGN, INC.</b>		
Principal Place of Business <b>8507 DYNASTY DRIVE BOCA RATON, FL 33433</b>		Mailing Address <b>8507 DYNASTY DRIVE BOCA RATON, FL 33433</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>DOMCONGCHO, SICHON 8507 DYNASTY DRIVE BOCA RATON, FL 33433</b>		05042005    No Chg-P    CR2E034 (10/03)
		4. FEI Number <b>65-1130395</b>
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</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.  SIGNATURE:  DATE: <b>5/23/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>DO NOT WRITE IN THIS SPACE</b>
		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD DOMRONGCHAI, SICHON 8507 DYNASTY DRIVE BOCA RATON, FL 33433</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VSTD DOMRONGCHAI, DANA 8507 DYNASTY DRIVE BOCA RATON, FL 33433</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  <b>5/23/05    561 2180003</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date    Daytime Phone #</small>