## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 17, 2006 08:00 AN DOCUMENT # P01000090862 **Secretary of State** TROPICAL THAI ENTERPRISES, INC. Principal Place of Business Mailing Address 1947 W LUNSDEN RD. 1947 W LUNSDEN RD. BRANDON FL 33511 BRANDON FL 33511 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FE! Number 65-1134302 Not Applicable Zip Country 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 ZEEAROON, JARUSSRI Street Address (P.O. Box Number is Not Acceptable) 7785 CASTLE ISLAND DRIVE SARASOTA FL 34240 City Zio 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 printed name of registered agent and title if applicable (NOTE Registered Agent signature required when icinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 5: After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE TITLE ☐ Change Addition NAME LERTPANIT, SUPPHON MAME U00000511791 <u>04/29</u>/06-80069-017 150.00 STREET ADDRESS 7785 CASTLE ISLAND DR. STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34240 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ AUG NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Add " NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-S1-28 ☐ A,.... TITLE ☐ Defete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-ST-ZP ☐ Delete ☐ Change Adding TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addin' NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-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 direction 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

if changed, or on an attachment with an address, with all other like empowered.

4-12-06

(813) 662-3635

FILED

Date

Daytime Phone #