2007 FOR PROFIT CORPORATION

ANNUAL REPORT (AR)				FILED
	IMENT # P0100011365	2		Mar 26, 2007 08:00 A
1. Enlity Nar	BASIL, INC.			Secretary of State
Principal Place of Business Mailing Addres				
1624-26 KENNEDY CAUSEWAY 7510 BEACH NORTH BAY VILLAGE FL 33141 NORTH BAY				
2. Principal I	Place of Business - No P.O. Box #	3. Mailing Address		1960 1964 (IA 6240) 1101 1 691 801 801 11107 11107 11107 11107 11107 11107 11107
Suito, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/06)
City & State		City & Stato		4. FEI Number 60-0001417 Applied For Not Applied ble
Žip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent
NETHONGKOME, YONGYUTH 1624-26 KENNEDY CAUSEWAY				ress (P.O. Box Number is Not Acceptable)
NO	RTH BAY VILLAGE FL 33141			
			City	FL Zip Code
	Signature, whed or nimited name of registered agent and FILE NOW!!! FEE IS \$150.00 May 1, 2007 Fee Will Be \$550.00	tife r applicable. (NOI	E Registered Agent signature ro	9. Election Campaign Financing \$5.00 May Be
Make Check	k Payable to Florida Department of S			Trust Fund Contribution. Added to Fees
10. IIII	OFFICERS AND DI	RECTORS Delete	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-SE-ZIP	NETHONGKOME, YONGYUTH 7510 BEACHVIEW DRIVE NORTH BAY VILLAGE FL 33141		NAME STREET ADDRESS CITY-S1-7IP	H00000678523
TITLE NAME STREEF ADDRESS CITY-ST-ZIP	P NETHONGKOME, YONGYUTH 7510 BEACHVIEW DRIVE NORTH BAY VILLAGE FL 33141	□ Delete	TITLE NAME SIREET ADDRESS CITY-S1-7IP	04/03/07-80001-020□99000□Addition
TITLE. NAME STELL LADDELSS CITY-ST-ZIP	VP CARLSON, EDY 1625 KENNEDY CAUSEWAY #908 NORTH BAY VILLAGE FL 33141	☐ Dolcle	TITLE NAME STREET ADDRESS CITY-ST-7IP	☐ Change ☐ Addinon
TITLE NAME STREET ADDITESS CUTY-S1-7IP		Delete	DITLE NAME. STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TUTE NAME STREET ADDRESS CITY-ST-ZIP		Delete	HITE NAME SIREET ADDRESS CHY-SI-7IP	☐ Change ☐ Addition
TIMLE NAME Siree I Addrilss Chy-St-Zip		☐ Delete	THEF NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Adddion
of the cor	on this report of supplemental report is tru- poration or the receiver or trustee empow d. or on an attachment with an address, v	le and accurate and that refered to execute this repore with all other like empower	ny signaturo shall have it as roquired by Chapto rod.	lained in Soction 119, Florida Statutos. I further certify that the information the same legal offect as if made under eath; that I am an officer or director or 607, Florida Statutos, and that my name appears in Block 10 or Block 11 3/23/07 (305) 762-5947 Daylete Phone 4