2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2006 8:00 am Secretary of State **DOCUMENT # P02000005416** 05-03-2006 90200 002 ***150.00 GOSH! GOURMET ORIENTAL AND SUSHI HOUSE, INC. Principal Place of Business Mailing Address PO BOX 6622 2900 BUCKINGHAM AVE LAKELAND, FL 33807-6622 LAKELAND, FL 33803 2. Principal Place of Business 4742 S. Florida 3. Mailing Address Aue Suite, Apt. #, etc. Suite, Apt. #, etc. 05012006 Chg-P CR2E034 (11/05) City & State Lakeland Applied For City & State 4. FEI Number 80-0028982 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired POLK Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LY PHUONG LY, PHUONG A Street Address (P.O. Box Number is Not Acceptable) 2900 BUCKINGHAM AVE LAKELAND, FL 33803 Zip Code 33813 Lakeland 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. 4130106 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FiLE NOW!!! FÉE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE Change ■ Addition VO. PHUC NAME NAME STREET ADORESS 4729 HIGHLAND PLACE CIRCLE STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33813 CITY-ST-ZIP TIT) F Delete TITLE ☐ Change ■ Addition LY, PHUONG A NAME 4729 HIGHLANDS PLACE CIRCLE STREET ADDRESS STREET ADDRESS LAKELAND, FL 33813 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-71P TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE 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 Chapter 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 SIGNATURE:

FILED