2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 16, 2007 8:00 am Secretary of State DOCUMENT # P02000005416 03-16-2007 90021 021 ***150.00 GOSH! GOURMET ORIENTAL AND SUSHI HOUSE, INC. Principal Place of Business Mailing Address 4742 S FLORIDA AVE PO BOX 6622 LAKELAND, FL 33807-6622 LAKELAND, FL 33813 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03092007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 80-0028982 Not Applicable 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 Name LY, PHUONG A Street Address (P.O. Box Number is Not Acceptable) 4742 S FLORIDA AVE LAKELAND, FL 33813 City Zip 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: Recistered Agent signature required when constating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change NAME VO, PHUC NAME VO PRUC 1427 Hollingsworth Oaks STREET ADDRESS 4729 HIGHLAND PLACE CIRCLE STREET ADDRESS LAKELAND, FL 33813 CITY-ST-ZIP CITY - ST - ZIP <u>Lakeland FL 33803</u> TITLE ☐ Delete TITLE Change . Addition Ly, Phuong A. 1427 Hollingsworth caks Drive NAME LY, PHUONG A NAME STREET ADDRESS 4729 HIGHLANDS PLACE CIRCLE STREET ADDRESS LAKELAND, FL 33813 CITY+ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CIFY-ST-ZIP CITY-ST-ZIP . TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TILE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED