2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007 8:00 am
Secretary of State
07-05-2007 90057 017 ***558.75

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1. Entity Name
THAI HOUSE OF ORLANDO, INC.

4014--

Principal Place of Business	Mailing Address
2117 E. COLONIAL DR. ORLANDO, FL 32803	2117 E. COLONIAL DR. ORLANDO, FL 32803

2. Principal Place of Business - No P O Box #	3. Mailing Address
Suite, Apt #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

07022007 Chg-P CR2E034 (12/06)

4. FEI Number 30-0158894 — Applied For / Not Applicable

5. Certificate of Status Desired X — **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOONGUAKLANG, PIM
2903 12TH ST. NORTH
ST. PETERSBURG, FL 33704

7. Name and Address of New Registered Agent

Name PIM MOONGUAKLANG
Street Address (P O Box Number is Not Acceptable)
2117 E. COLONIAL DR.
City ORLANDO **FL** Zip Code 32803

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 Pim Moon[signature] — DATE 07.02.07
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	X Delete	PD	X Change / Addition
NAME	MOONGUAKLANG, PIM		MOONGUAKLANG, PIM	
STREET ADDRESS	2903 12TH ST. NORTH		2117 E. COLONIAL DR.	
CITY ST ZIP	ST. PETERSBURG, FL 33704		ORLANDO, FL 32803	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		Change / Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		Change / Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		Change / Addition

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: Pim Moon[signature] — 07.02.07 (Date) — 4078980820 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR