

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90009 011 ***150.00

DOCUMENT # P03000045199 1. Entity Name DRAGON AND PHOENIX INTERNATIONAL, INC.	
---	---

Principal Place of Business 2885 S. FEDERAL HIGHWAY DELRAY BEACH, FL 33483 US	Mailing Address 2885 S. FEDERAL HIGHWAY DELRAY BEACH, FL 33483 US
---	---

DO NOT WRITE IN THIS SPACE

04272007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0009865	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered AgentHOOKER, LISA D
118 E. LEE RD.
DELRAY BEACH, FL 33445**DO NOT WRITE
IN THIS SPACE**

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 renewing)

DATE _____

**FILE NOW! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHONGSUKSIRI, VISON 915 SUNFLOWER AVE DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHONGSUKSIRI, RAWEEWAN 915 SUNFLOWER AVE DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-07 361-5731876

Date

Daytime Phone #