2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000053963

Name:

Address:

City-St-Zip:

Entity Name: THAI NOODLE HOUSE INC

FILED Apr 23, 2008 Secretary of State

Littly Nai	ile. ITIATNO	ODEL HOUSE INC.				
Current Principal Place of Business:				New Principal Place of Business:		
14443-45 MIRAMAR PARKWAY MIRAMAR, FL 33027				14443 & 14445 MIRAMAR PARKWAY MIRAMAR, FL 33027		
Current Mailing Address:				New Mailing Address:		
14443-45 MIRAMAR PARKWAY MIRAMAR, FL 33027 US				14443 MIRAMAR PARKWAY MIRAMAR, FL 33027 US		
FEI Number:	: 56-2379030	FEI Number Applied For ()	FEI Number Not A	pplicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
AKERS, VORATAT 14443-45 MIRAMAR PARKWAY MIRAMAR, FL 33027 US				AKERS, VORATAT 14443 MIRAMAR PARKWAY MIRAMAR, FL 33027 US		
	named entity e of Florida.	submits this statement for the	purpose of changir	g its registe	ered office or registered agent, or both,	
SIGNATURE: VORATAT AKERS					04/23/2008	
	Electro	nic Signature of Registered Ag	jent		Date	
Election Car	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	AKERS, VORA	AMAR PARKWAY	Title: Name: Address: City-St-Zi	o:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TIRAMAI, UMA 1560 N.W. 90T		Title: Name: Address: City-St-Zi	o:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TAVALAK, API	N STREET - APT #19	Title: Name: Address: City-St-Zi	o:	() Change () Addition	
Title [.]	() Delete	Title	VP.	() Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

AKERS, TASSÁNEE

4337 FOX HOLLOW

WESTON, FL 33331

SIGNATURE: VORATAT AKERS PRES 04/23/2008