

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000063592 1. Entity Name TAWEESUK, INCORPORATED						FILED 06 AUG 21 PM 12: 36 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 8660 ASTRONAUT BLVD SUITE 8 CAPE CANAVERAL, FL 32920				Mailing Address 8660 ASTRONAUT BLVD SUITE 8 CAPE CANAVERAL, FL 32920			
2. Principal Place of Business - Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 65-1191731		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TAWEESUK, THEERATAT 8660 ASTRONAUT BLVD., #8 ALVA, FL 33920				7. Name and Address of New Registered Agent Name BOONTING NUAMPATOM Street Address (P.O. Box Number is Not Acceptable) 8660 ASTRONAUT BLVD, #8 City CAPE CANAVERAL FL Zip Code 32920			
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 8-15-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAWEESUK, THEERATAT 8660 ASTRONAUT BLVD, #8 CAPE CANAVERAL, FL 32920	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700079054857 08/23/06--01034--017 **61.25 8/22		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NUAMPATOM, BOONTING 8660 ASTRONAUT BLVD., #8 CAPE CANAVERAL, FL 32920	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TAWEESUK, WIRUNPORN 8660 ASTRONAUT BLVD., #8 CAPE CANAVERAL, FL 32920	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 8-15-06 <small>Date</small>			