


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

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| DOCUMENT # P04000009210 |  |
| 1. Entity Name SOONG THAI, INC. | |

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| Principal Place of Business 9448 W. COLONIAL DR. OCOE, FL 34761 US | Mailing Address 9448 W. COLONIAL DR. OCOE, FL 34761 US |
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DO NOT WRITE IN THIS SPACE



01242007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 33-1081260 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent HETZEL, TARA 634 GREEN VALLEY RD PALM HARBOR, FL 34683 |
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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.

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| SIGNATURE _____ | 000000648958 03/07/07-80030-005 150.00 |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P TEPWONG, CHADAPORN 9448 W. COLONIAL DRIVE OCOE, FL 34761 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP PHANPHILATHIP, JAMES 9448 W. COLONIAL DRIVE OCOE, FL 34761 |
| 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 | |

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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.

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|--|-----------------|
| SIGNATURE:  | 2/12/07 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | |
| Date | Daytime Phone # |