2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000023289

THAT DAOU OF ODLANDO INO

FILED Jan 08, 2009 Secretary of State

Entity Name: THALBA	SIL OF ORLANDO INC		
Current Principal Place of Business:		New Principal Place of Business:	
5800 BUG LAKE RD WINTER SPRINGS, FL	32708		
Current Mailing Address:		New Mailing Address:	
5800 BUG LAKE RD WINTER SPRINGS, FL	32708		
FEI Number: 20-0576092	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
CHANTARA, YOUTH 4489 N PINE HILLS RD ORLANDO, FL 32808	US		
The above named entity in the State of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,
SIGNATURE:			
Electronic Signature of Registered Agent			Date
Election Campaign Financir	ng Trust Fund Contribution ().		

Title:

Name:

OFFICERS AND DIRECTORS:

() Delete

HONGSAKUL, APIVIT

Title:

Name:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

HONGSAKUL, APIVIT

(X) Change () Addition

6013 CHENANGO LN 5800 RED BUG LAKE ROAD Address: Address: City-St-Zip: ORLANDO, FL 32807 City-St-Zip: WINTER SPRINGS, FL 327087 Title: () Delete Title: (X) Change () Addition HONGSAKUL, NIPAPORN HONGSAKUL, NIPAPORN Name: Name: Address: 6013 CHENANGO LN Address: 5800 RED BUG LAKE ROAD ORLANDO, FL 32807 WINTER SPRINGS, FL 32708 City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: MITSUMORI, IRENE Name: MITSUMORI, IRENE Address: 6013 CHENANGO LN Address: 5800 RED BUG LAKE ROAD City-St-Zip: ORLANDO, FL 32807 City-St-Zip: WINTER SPRINGS, FL 32708

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.

SIGNATURE: IRENE MITSUMORI **PRES** 01/08/2009