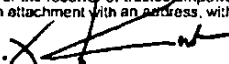


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 13, 2005 8:00 am
Secretary of State

04-18-2005 90711 001 ***300.00

DOCUMENT # P04000025292			
1. Entity Name LANNA THAI, INC.			
Principal Place of Business 8300 BAY PINES BLVD. ST PETERSBURG, FL 33709 US		Mailing Address PO BOX 20236 ST PETERSBURG, FL 33742 US	
2. Principal Place of Business		3. Mailing Address 35246 US Hwy 19N	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #311	
City & State		City & State Palm Harbor FL	
Zip	Country	Zip	Country
34684	US	34684	US
4. FEI Number 83-0833804		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		03262005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent HETZEL, TARA 9100 9TH ST N #403 ST PETERSBURG, FL 33702		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 35246 US Hwy 19N #311 City Palm Harbor FL Zip Code 34684	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P PUOSONE, THAWL 3236 GLEN RIDGE CT PALM HARBOR, FL 34685 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9020 Baywood Pk Dr Largo, FL 33777 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TEPWONG, SOMJIT 3236 GLEN RIDGE CT PALM HARBOR, FL 34685 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9020 Baywood Pk Dr Largo, FL 33777 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 807, 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: 		Date _____ Daytime Phone # _____	