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

04-18-2005 90711 001 ***300.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000025292

1. Entity Name
LANNA THAI, INC.

Principal Place of Business	Mailing Address
8300 BAY PINES BLVD. ST PETERSBURG, FL 33709 US	PO BOX 20236 ST PETERSBURG, FL 33742 US

66016889

03262005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
		35346 US Hwy 19N	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #311	
City & State		City & State Palm Harbor FL	
Zip	Country	Zip 34684	Country US

4. FEI Number 83-0833804 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HETZEL, TARA 9100 9TH ST N #403 ST PETERSBURG, FL 33702	Name Street Address (P.O. Box Number is Not Acceptable) 35346 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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 PUDSONE, THAWIL ~~3236 GLEN RIDGE CT~~ ~~PALM HARBOR,~~ FL 34685	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 9020 Baywood PK Dr Largo, FL 33777
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	☑ Change ☐ Addition 9020 Baywood PK Dr Largo, FL 33777
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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 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: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #