2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000056676 06 SEP 11 PH 2: 21 1. Entity Name **O&T RESTAURANT INCORPORATION** SECRETARY OF STATE TALLAHASSEF, FLORIDA Principal Place of Business Mailing Address 344 NORTH CONGRESS AVENUE 7744 CEDRO CT LAKE WORTH, FL 33467 BOYNTON BEACH, FL 33426 US 2. Principal Place of Business 3. Mailing Address 344 NORTH CONGRESS 2448 EDGEWATER DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 09062006 Chg-P Applied For 4. FEI Number City & State City & State BOYNTON BEACH WEST PALM BEACH 20-0958005 Not Applicable Country USA 33406 Country Zip 33426 \$8.75 Additional 5. Certificate of Status Desired UŚĀ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MUKPROM , LAWAN VIENMANAPUN, SIRORAT Street Address (P.O. Box Number is Not Acceptable) 7744 CEDRO CT LAKE WORTH, FL 33467 2448 EDGEWATER DRIVE Zip Code 33406 City WEST PALM BEACH 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. LAWAN MUKPROM PRESIDENT 10/01/06 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PST Delete TITLE MUMPROM, LAWAN 2448 EDGEWATER DRIVE WEST PALM BEACH, FL VIENMANAPUN, SIRORAT NAME NAME STREET ADDRESS 7744 CEDRO CT STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33467 CITY-ST-ZIP 33406 ☐ Addition TIME ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

LAWAN MUKPROM

SIGNATURE: _

APPRU, AND

(11/W)