


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000099190 1. Entity Name BANGKOK THAI RESTAURANT AT TITUSVILLE, INC.	
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Principal Place of Business 3520 S WASHINGTON AVE TITUSVILLE, FL 32780 US	Mailing Address 3520 S WASHINGTON AVE TITUSVILLE, FL 32780 US
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DO NOT WRITE IN THIS SPACE



04142006 No Chg-P CR2E034 (11/05)

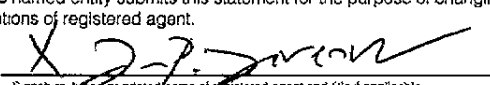
4. FEI Number 20-1311064	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SIRIPAT, JESANEE
3520 S WASHINGTON AVE
TITUSVILLE, FL 32780

DO NOT WRITE
IN THIS SPACE

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  04/25/06
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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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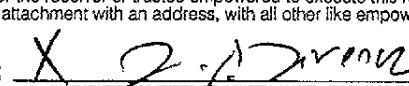
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIRIPAT, JESANEE 3520 S WASHINGTON AVE TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JITAVERA, JAREON 3520 S WASHINGTON AVE TITUSVILLE, FL 32780
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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1000000540391
05/10/06-80015-013 158.75

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.

SIGNATURE:  04/25/06 (321) 269-7001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #