

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2008 8:00 am
Secretary of State

07-17-2008 90061 015 ***150.00

DOCUMENT # P04000120262

1. Entity Name
 ORCHIDS THAI RESTAURANT, INC.



Principal Place of Business
 8647 REGENCY PARK BLVD.
 PORT RICHEY, FL 34668 US

Mailing Address
 8439 HAWBUCK ST.
 TRINITY, FL 34655 US

40111336



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 PO Box 1034
 Suite, Apt. #, etc.

07102008 Chg-P CR2E034 (12/06)

City & State
 Palm Harbor, FL

City & State
 Palm Harbor, FL

Zip
 34682

Country
 US

4. FEI Number
 42-1641555

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HETZEL, TARA L
 634 GREEN VALLEY RD
 PALM HARBOR, FL 34683

7. Name and Address of New Registered Agent

Name
 Tara Still

Street Address (P.O. Box Number is Not Acceptable)
 634 Green Valley Rd

City
 Palm Harbor FL Zip Code
 34683

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: Tara Still DATE: 7/10/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> Delete
NAME HAMMER, KRITTIGAR	
STREET ADDRESS 8439 HAWBUCK ST	
CITY-ST-ZIP TRINITY, FL 34655	
TITLE S/T	<input type="checkbox"/> Delete
NAME SAIYAKIT, PANONT	
STREET ADDRESS 8647 REGENCY PARK BLVD	
CITY-ST-ZIP PORT RICHEY, FL 34668	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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.

SIGNATURE: Krittigar A. Hammer DATE: 07-14-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #