


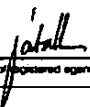
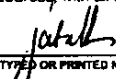
# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

2/10/2006-90015-012-\$150.00-\$150.00

FILED

06 MAR -2 AM 9:10

CLERK OF THE STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000086683			
1. Entity Name PINOY'S ORIENTAL STORE, INC.			
Principal Place of Business 710 W. COLONIAL DR. STE 103 ORLANDO, FL 32804		Mailing Address 710 W. COLONIAL DR. STE 103 ORLANDO, FL 32804	
2. Principal Place of Business 3231 OLD WINTER GARDEN RD.		3. Mailing Address 3231 OLD WINTER GARDEN RD.	
Suite, Apt. #, etc. STE # 6		Suite, Apt. #, etc. STE # 6	
City & State ORLANDO FL		City & State ORLANDO FL	
Zip 32805		Country ORANGE	
4. Name and Address of Current Registered Agent BAKER, JOYCE A 7433 WINDSOME CT. ORLANDO, FL 32810		4. FEI Number 01252008 Chg-P CR2E034 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		4. Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of New Registered Agent		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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 		DATE 01/25/06	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAKER, JOYCE A 7433 WINDSOME CT. ORLANDO, FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		DATE 01/25/06 DAYTIME PHONE 401-872-7700	