## 2008 FOR PROFIT CORPORATION

## ANNUAL REPORT Jan 24, 2008 08:00 AN Secretary of State DOCUMENT # P05000148514 1. Entity Name SUPPACHAL INC. Principal Place of Business Mailing Address 17807 GULF BLVD. 17807 GULF BLVD. REDINGTON SHORES, FL 33708 REDINGTON SHORES, FL 33708 No Chg-P CR2E034 (11/05) 01162008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3735669 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent UTTARACHAI, SUPPACHAI DO NOT WRITE 17807 GULF BLVD. REDINGTON SHORES, FL 33708 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be 'FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME UTTARACHAI, SUPPACHAI 17807 GULF BLVD. STREET ADDRESS CITY-ST-ZIP REDINGTON SHORES, FL 33708 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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**FILED**