2008 FOR PROFIT CORPORATION

ANNUAL REPORT

Secretary of State **DOCUMENT # P05000155105** 03-10-2008 90054 041 ***150.00 1. Entity Name K. P. SWEET HOME INC. Principal Place of Business Mailing Address 6197 102ND AVE N 6197 102ND AVE N PINELLAS PARK, FL 33782 PINELLAS PARK, FL 33782 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252008 Chg-P CR2E034 (12/06) Applied For 4. FEI Number City & State City & State APPLIED FOR 20-3834070 -Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BOUNPHAKHOM, KHINTHAVONE Street Address (P.O. Box Number is Not Acceptable) 6197 102ND AVE N PINELLAS PARK, FL 33782 Zip Code City FL 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 SIGNATURE_ Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. \Box Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS Addition ☐ Change ☐ Delete TITLE TITLE BOUNPHAKHOM, KHINTHAVONE NAME NAME STREET ADDRESS STREET ADDRESS 6197 102ND AVE N PINELLAS PARK, FL 33782 CITY-ST-7IP CITY-ST-ZIP □ Change ☐ Addition TITLE ☐ Delete TITLE BOUNPHAKHOM, POMKHAM NAME NAME STREET ADDRESS 6197 102ND AVE N STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP PINELLAS PARK, FL 33782 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME

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 eath; 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

CITY-ST-ZIP

PRESIDENT KHIN BOUND HAKHOM PRESIDE
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 10, 2008 8:00 am