## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000024258

Entity Name: SAYPRAS CORP

City-St-Zip:

SANFORD, FL 32771

FILED Aug 29, 2007 Secretary of State

| Current Principal Place of Business:  |   | New Principal Place                | New Principal Place of Business:             |  |
|---|---|------------------------------------|--|--|
| 154 LONDON FOG \<br>SANFORD, FL 3277  |   |                                    |  |  |
| Current Mailing Address:  |   | New Mailing Address:               |  |  |
| PO BOX 953937<br>LAKE MARY, FL 327  | 795 US                                    |                                    |  |  |
| FEI Number: 20-4342092  | FEI Number Applied For ( )                | FEI Number Not Applicable ( )      | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: |   |                                    | f New Registered Agent:                      |  |
| SAYPRASITH, PHISI<br>154 LONDON FOG V<br>SANFORD, FL 3277                               | VAY                                       |                                    |  |  |
| The above named er in the State of Florida  |   | purpose of changing its registered | d office or registered agent, or both,       |  |
| SIGNATURE:  |   |                                    |  |  |
| Electronic Signature of Registered Agent  |   | gent                               | Date   |  |
|   | 07.193(2)(b), F.S., the corporation did r | not receive the prior notice.      |  |  |
| OFFICERS AND DIF  | RECTORS:                                  | ADDITIONS/CHANGE                   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
|   | ( ) Delete<br>ITH, PHISITH<br>ON FOG WAY  | Title:<br>Name:<br>Address:        | ( ) Change ( ) Addition                      |  |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHISITH SAYPRASITH P 08/29/2007