


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P06000088898</b> 1. Entity Name EASTWARD, INC.	
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Principal Place of Business 1201 N. FEDERAL HIGHWAY SUITE 3A - 3B FT. LAUDERDALE, FL 33304	Mailing Address 1201 N. FEDERAL HIGHWAY SUITE 3A - 3B FT. LAUDERDALE, FL 33304
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**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5139076	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

PALAKAWONGNAAYUDHAYA, PRANGAHTHITA  
 1752 N.W. 18 STREET  
 FT. LAUDERDALE, FL 33311

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PALAKAWONGNAAYUDHAYA, PRANGAHTHITA
STREET ADDRESS	1752 N.W. 18 STREET
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311
TITLE	VP
NAME	VADHANAROMYA, RATTIKORN
STREET ADDRESS	6192 PINE TREE LANE, #B
CITY-ST-ZIP	TAMARAC, FL 33319
TITLE	SEC
NAME	NAKJAROEN, UNGSUMALIN
STREET ADDRESS	2716 N.E. 1 AVENUE
CITY-ST-ZIP	WILTON MANORS, FL 33334
TITLE	TREA
NAME	PALAKAWONGNAAYUDHAYA, APHANSITANG
STREET ADDRESS	20025 N.W. 83 COURT
CITY-ST-ZIP	MIAMI LAKES, FL 33015
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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00000879721  
 04/15/08-80031-012 150.00

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: **X**  **April 1, 2008** **954-616-1152**

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