2008 FOR PROFIT CORPORATION ANNUAL REPORT

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Jun 17, 2008 8:00 am
Secretary of State

04-30-2008 90199 032 ***150.00

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04242008 Chg-P CR2E034 (12/06)

DOCUMENT # P07000028298

1. Entity Name
SIAM ORCHID INC.

Principal Place of Business	Mailing Address
1561 BELLA CRUZ DRIVE THE VILLAGES, FL 32159	501 NORTH ORLANDO AVENUE 319 WINTER PARK, FL 32789

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1561 Bella Cruz Drive	1561 Bella Cruz Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: The Villages, Fl.	City & State: The Villages, Fl
Zip: 32159 Country: USA	Zip: 32159 Country: USA

4. FEI Number: 20-8556283 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RANGSIYAWARANON, PIBOOL
501 NORTH ORLANDO AVENUE
319
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name: [signature]
Street Address (P.O. Box Number is Not Acceptable)
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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	P RANGSIYAWARANON, PIBOOL 501 NORTH ORLANDO AVENUE 319 WINTER PARK, FL 32789	☐ Delete	DAWJAI RANGSIYAWARANON 1561 Bella Cruz Drive The Villages, Fl. 32159	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RANGSIYAWARANON, DAWJAI 501 NORTH ORLANDO AVENUE 319 WINTER PARK, FL 32789	☐ Delete	RANGSIYAWARANON, PIBOOL 1561 Bella Cruz Drive The Villages, Fl. 32159	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: [signature] 04/27/08 (352)391-5272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #