


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

|  |   |
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| <b>DOCUMENT # P96000025057</b>         |  |
| 1. Entity Name<br><b>SIRIPORN INC.</b> |   |

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|--|--|
| Principal Place of Business<br><b>36 NE FIRST ST<br/>STE 225<br/>MIAMI, FL 33132</b> | Mailing Address<br><b>36 NE FIRST ST<br/>STE 225<br/>MIAMI, FL 33132</b> |
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01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-0655584</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

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| 6. Name and Address of Current Registered Agent<br><br><b>BURKE, SIRIPORN<br/>12450 SW 109 TERRACE<br/>MIAMI, FL 33186</b> |
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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, 2006 Fee will be \$550.00**

|   |                                    |
|---|------------------------------------|
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|---|------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BURKE, SIRIPORN K<br>12450 SW 109 TERR<br>MIAMI, FL 33186 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VTD<br>BURKE, DAVID R<br>12450 SW 109 TERR<br>MIAMI, FL 33186   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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| <p>U000000472725<br/>03/30/06-80005-011 150.00</p> <p><b>DO NOT WRITE<br/>IN THIS SPACE</b></p> |
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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: <i>David R. Burke</i> <b>DAVID R. BURKE</b> | Date <b>3-15-06</b> | Daytime Phone # <b>954-564-1928</b> |
|--|---------------------|-------------------------------------|