
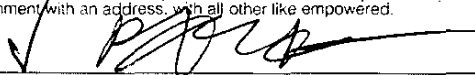


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90053 016 ***150.00

DOCUMENT # P96000062912				
1. Entity Name SAM SAHAI, INC.				
Principal Place of Business 1300 E BAY DR LARGO, FL 34641		Mailing Address PO BOX 1034 PALM HARBOR, FL 34682		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3389592
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
HETZEL, TARA 6324 GREEN VALLEY RD G5 PALM HARBOR, FL 34683		Name		
		Street Address (P.O. Box Number is Not Acceptable) 6324 Green Valley Rd		
		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NITISATURN, SARAWUT	NAME		
STREET ADDRESS	7310 54TH AVE. NORTH	STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33709	CITY-ST-ZIP		
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AUGUSTO, PRATANA	NAME		
STREET ADDRESS	1300 E BAY DR	STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 34641	CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHARUNGSINSAP, PREECHA	NAME		
STREET ADDRESS	1300 E. BAY DR	STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33771	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
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: 		Date _____ Daytime Phone # _____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>		

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02022007 Chg-P CR2E034 (12/06)