


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000022673 1. Entity Name OVEA, INC.	
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Principal Place of Business 7949 MEADOW RUSH LOOP SARASOTA, FL 34238	Mailing Address 7949 MEADOW RUSH LOOP SARASOTA, FL 34238
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DO NOT WRITE IN THIS SPACE



04172005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0736910	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRIENGKRAIPETCH, ORASA
7949 MEADOW RUSH LOOP
SARASOTA, FL 34238

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KRIENGKRAIPETCH, ORASA 7949 MEADOW RUSH LOOP SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDC KRIENGKRAIPETCH, VUTHICHA 7949 MEADOW RUSH LOOP SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M KRIENGKRAIPETCH, EKAWEE 7949 MEADOW RUSH LOOP SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRIENGKRAIPETCH, AWIKA 7949 MEADOW RUSH LOOP SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/20/05-80020-004 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:  **4-18-2005 (941) 685-7897**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

pd. ch # 1350 dt(4-18-05)
\$150.-