2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2008 8:00 am Secretary of State 04-30-2008 90204 017 ***150.00 DOCUMENT # P98000016916 THAI PLACE CORPORATION 60035210 Principal Place of Business Mailing Address 501 N. ORLANDO AVE., STE. 319 501 N. ORLANDO AVE., STE. 319 WINTER PARK, FL 32789 WINTER PARK, FL 32789 2. Principal Place of Business - No P.O. Box # 1561 Bella Cruz Dr. 3. Mailing Address 1561 Bella Cruz Drive Suite, Apt. #, etc. 04112008 CR2E034 (12/06) Applied For City & State City & State 4 FELNumber Florida The Villages 59-3501411 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 32159 Fee Required 5. Name and Address of Current Registered Agent Name and Address of New Registered Agent -RANGSIYAWARANON, DAWSAI Street Address (F O. Fox Number is Not Accept 522 E. HILLCREST ST. ALTAMONTE SPRINGS, FL 32701 City 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Addition RANGSIYAWARANON, DAWJAI RANGSIYAWARANON, DAWJAI NAME NAME STREET ADDRESS 2127 KORAT LANE STREET ADDRESS 5111 CR 125 B2 WILDWOOD , FL . 34785 CITY-ST-ZIP ORLANDO, FL 32810 CITY-ST-7IP TITLE Delete PIBOOL Change TITLE ■ Addition RANGSIYAWARANON NAME RANGSIYAWARANON, PIBOOL NAME 5111 dr 125 B2 STREET ADDRESS 2127 KORAT LANE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32810 CITY-ST-ZIP WILDWOOD, FL. 34785 TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY+ST-2IP CITY-ST-ZIP TITLE ☐ Defete THILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

NAME OF SIGNING OFFICER OR DIRECTOR

FILED