2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 19, 2007 08:00 AM DOCUMENT # P99000058485 Secretary of State 1. Entity Name ORIENTAL'S SECRET, INC. Principal Place of Business Mailing Address 2481-H, MCMULLEN BOOTH RD. CLEARWATER FL 33759 2481-H, MCMULLEN BOOTH RD. CLEARWATER FL 33759 2. Principal Place of Business - No P.O. Box # 3. Mailing Addross Suito, Apt. #, otc. Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applica For 59-3585390 Not Applicable Zıp Country Ζιρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NGUYEN, TAI Street Address (P.O. Box Number is Not Acceptable) 2481-H, MCMULLEN BOOTH RD. CLEARWATER FL 33759 City Zip Codo 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 r applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Detete TITLE Change Addition NGUYEN, TAIT U00000673355 NAME 2481-H MCMULLEN BOOTH ROAD STRUET ADDRESS STREET ADDRESS 03/29/07-80026-010 150.00 CLEARWATER FL 33759 CITY-ST-ZIP CITY-ST-ZIP Title Delete THUE ☐ Change ■ Addition NAME NAME. STREET ADORESS STREET ADDRESS CITY-ST-ZIP COY-ST-70P TITLE Delete THE Change ☐ Addition NAM NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP TITLE Delete TITLE, ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP mu ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STRUET ADDRESS CITY+ST-ZIP CVIY-ST-ZIP IIILE ☐ Dolete ши ☐ Change Addition NAME. STREET ADDRESS STRIET ADDRESS CITY-ST-7IP CITY-S1-ZIP 12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 offect as if made under eath, 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.

NGWEN TAIT. President. 03-01-07 727-791-6319 SIGNATURE: