


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 10, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # P99000075140</b> 1. Entity Name <b>MIRACLE THAI, INC.</b>		
Principal Place of Business <b>1895 WEST HILLSBORO BOULEVARD DEERFIELD BEACH, FL 33442</b>	Mailing Address <b>1895 WEST HILLSBORO BOULEVARD DEERFIELD BEACH, FL 33442</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>WICHIENTKUR, PUNGNGA 1895 W HILLSBORO BLVD DEERFIELD BEACH, FL 33442</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-filing)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		02/21/06-80051-008 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANANBOONTARICK, VARAPORN 1895 W HILLSBORO BLVD DEERFIELD BEACH, FL 33442	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WICHIENTKUR, PUNGNGA 1895 W HILLSBORO BLVD DEERFIELD BEACH, FL 33442	
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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: <u>P. Wichientkur</u> (OFFICER)		2/8/2006 984 3609400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



01072006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0943464</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required