

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90069 046 \*\*\*150.00

**DOCUMENT # S23476**  
1. Entity Name  
**AYUTHAYA, INC.**



Principal Place of Business <b>2880 ALT 19 N. PALM HARBOR, FL 34683</b>	Mailing Address <b>2880 ALT 19 N. PALM HARBOR, FL 34683</b>
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**DO NOT WRITE IN THIS SPACE**

40062279



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3055390</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**POMRUNG, SORASAK**  
**2880 ALT 19 N**  
**PALM HARBOR, FL 34683**

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>POMRUNG, SORASAK</b> <b>1394 BURNT OAK ST</b> <b>TARPON SPRINGS, FL 34689</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>POMRUNG, SYAMOL</b> <b>1394 BURNT OAK ST</b> <b>TARPON SPRINGS, FL 34689</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE IN THIS SPACE**

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:** *Paul Perry* **Mar. 10 - 07** (727) 787-0189  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #