2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 740113

Entity Name: THE MORIKAMI, INC.

Current Principal Place of Business:

4000 MORIKAMI PARK ROAD
DELRAY BEACH, FL 33446

New Principal Place of Business:

Current Mailing Address:

4000 MORIKAMI PARK ROAD
DELRAY BEACH, FL 33446

New Mailing Address:

FEI Number: 59-1767023 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEMAY, BONNIE W
4000 MORIKAMI PARK RD
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	T	( ) Delete
Name:	BAKER, RANDAL	
Address:	8925 SANDY CREST LANE	
City-St-Zip:	BOYNTON BEACH, FL 33437	
Title:	PD	( ) Delete
Name:	SCHMIDT, DAVID	
Address:	2116 NORTHRIDGE ROAD	
City-St-Zip:	DELRAY BEACH, FL 33444	
Title:	VPD	( ) Delete
Name:	STREIT, THOMAS	
Address:	10346 TRAILWOOD CIRCLE	
City-St-Zip:	JUPITER, FL 33478	
Title:	VPD	( ) Delete
Name:	MIHORI, JAMES	
Address:	P.O. BOX 34	
City-St-Zip:	DELRAY BEACH, FL 33447	
Title:	S	( ) Delete
Name:	MORRIS, KEN	
Address:	2531 JARDIN TERRACE	
City-St-Zip:	WESTIN, FL 33327	
Title:	VPD	( ) Delete
Name:	FULTON, MAURICE	
Address:	1800 S. OCEAN BLVD. #4F	
City-St-Zip:	BOCA RATON, FL 33432	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RANDAL BAKER T 04/30/2009

Electronic Signature of Signing Officer or Director — Date