



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90216 035 ****61.25

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|--|---|--|--|--|--|
| DOCUMENT # 834583 1. Entity Name SOKA GAKKAI INTERNATIONAL - USA, INCORPORATED | | | |  | |
| Principal Place of Business 606 WILSHIRE BLVD SANTA MONICA, CA 90401 | | | Mailing Address 20000 SW 36TH STREET FT. LAUDERDALE, FL 33332 US | | |
| 2. Principal Place of Business 606 Wilshire Blvd. Suite, Apt. #, etc. | | 3. Mailing Address 606 Wilshire Blvd. Suite, Apt. #, etc. | |  | |
| City & State Santa Monica, CA Zip 90401 Country USA | | City & State Santa Monica, CA Zip 90401 Country USA | | 4. FEI Number 95-2265667 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent OEHLERKING, BEN 14237 N.W. 18TH PLACE PEMBROKE PINES, FL 33028 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ODANO, GEORGE 606 WILSHIRE BLVD SANTA MONICA, CA 90401 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SASAKI, RICHARD 12030 LAMANDA ST LOS ANGELES, CA | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCEO STRAUSS, ADIN 606 WILSHIRE BLVD. SANTA MONICA, CA 90401 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MCCLOSKEY, GUY 1016 WEST MADISON STREET #2N CHICAGO, IL 60607 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P NAGASHIMA, DANIEL 11909 PALMS BLVD LOS ANGELES, CA 90066 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP/Chief Financial Officer | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP/Chief Financial Officer | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP/Chief Financial Officer | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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 617, 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>George M. Odano</u> 4/17/06 (310) 260-8900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |