


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000002763 1. Entity Name TOMEN AMERICA INC.	
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Principal Place of Business 1285 AVENUE OF THE AMERICAS NEW YORK, NY 10019	Mailing Address 1285 AVENUE OF THE AMERICAS NEW YORK, NY 10019
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04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-5608797	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	DCP YANO, TATSUSHI 1285 AVENUE OF THE AMERICAS NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MARAIA, JOHN 1285 AVENUE OF THE AMERICAS NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOSOHARA, TETSUO 1285 AVENUE OF THE AMERICAS NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HIRATA, MINORU 1285 AVENUE OF THE AMERICAS NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WADA, AKIRA 1285 AVENUE OF THE AMERICAS NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FARLEY, JOHN L 1285 AVENUE OF THE AMERICAS NEW YORK, NY 10019

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05/17/06-80010-004 150.00

**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: Tetsuo Hosohara - Tetsuo Hosohara 04/25/06 (212) 397-5453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #