

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005325

FILED
Mar 15, 2007
Secretary of State

Entity Name: HONDA PERFORMANCE DEVELOPMENT, INC.

Current Principal Place of Business:

25145 ANZA DRIVE
SANTA CLARITA, CA 913553416

New Principal Place of Business:

Current Mailing Address:

25145 ANZA DRIVE
SANTA CLARITA, CA 913553416

New Mailing Address:

FEI Number: 95-4406387

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CLARKE, ROBERT S
Address: 25145 ANZA DRIVE
City-St-Zip: SANTA CLARITA, CA 913553416

Title: DS () Delete
Name: MATSUMOTO, HIROSHI
Address: 1919 TORRANCE BLVD.
City-St-Zip: TORRANCE, CA 905012746

Title: T () Delete
Name: KING, LLEWELLYN J
Address: 1919 TORRANCE BLVD.
City-St-Zip: TORRANCE, CA 905012746

Title: BOD () Delete
Name: YAMADA, TAKUJI
Address: 25145 ANZA DRIVE
City-St-Zip: SANTA CLARITA, CA 913553416

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change () Addition
Name: ODAKA, KAZUHIRO
Address: 1919 TORRANCE BLVD.
City-St-Zip: TORRANCE, CA 905012746

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

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

Title: BOD () Change (X) Addition
Name: MENDEL, JOHN
Address: 1919 TORRANCE BLVD
City-St-Zip: TORRANCE, CA 905012746 US

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT S. CLARKE

DP

03/15/2007

Electronic Signature of Signing Officer or Director

Date