## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # F04000005325



## FILED May 27, 2008 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP  CLARKE, ROBERT S STREET ADDRESS CITY-ST-ZIP SANTA CLARITA, CA 913553416  Delete NAME ODAKA, KAZUHIRO ODAKA, KAZUHIRO STREET ADDRESS CITY-ST-ZIP TITLE TORRANCE, CA 905012746  TITLE STREET ADDRESS CITY-ST-ZIP TITLE BOD YAMADA, TAKUJI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE BOD YAMADA, TAKUJI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE BOD STREET ADDRESS CITY-ST-ZIP TITLE BOD YAMADA, TAKUJI STREET ADDRESS CITY-ST-ZIP TITLE BOD STREET ADDRESS CITY-ST-ZIP TITLE BOD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE BOD TORRANCE BLVD TORRANCE A 913553416  TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS TORRANCE BLVD TORRANCE BLVD TORRANCE BLVD TORRANCE BLVD TORRANCE BLVD TORRANCE BLVD TORRANCE TITLE NAME STREET ADDRESS TORRANCE BLVD TORRA	HONDA	PERFORMANCE DEVELOR			05-27-2008 90045 005 ***150.00						
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City & State  City & State  City & State  Country  Country  Sp. 76 Additional Feedback  St. Name and Address of Current Registered Agent  C. T. CORPORATION SYSTEM  C. T. CORPORATION SYSTEM  120 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324  City  City  FL Zip Code  C. T. CORPORATION SYSTEM  Sineal Address of Pine Registered Agent  C. T. CORPORATION SYSTEM  120 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324  City  City  FL Zip Code  C. T. CORPORATION SYSTEM  Sineal Address of Pine Registered Agent  C. T. CORPORATION SYSTEM  Sineal Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  City  FL Number is Not Acceptable)  DATE  Sineal Address (P.O. Box Number is Not Acceptable)  DATE  FILE NOWIII FEE IS \$150.00  Due by September 12, 2008  9. Bection Campaign Financing Trust Fund Contribution.  DATE  CAPTICE Registered Agent signature registered agent, or both, in the Slate of Fiolds. I am familiar with, and acceptable in accordance with s. 607, 193 (2)(b), F.S., the corporation of direct receive the prior notice.  DO Due by September 12, 2008  9. Bection Campaign Financing Trust Fund Contribution.  DATE  CAPTICE Registered Agent signature registered agent, or both, in the Slate of Fiolds. I am familiar with, and acceptable in the component of the prior notice.  SIGNATURE  Special Registered Agent signature registered agent, or both, in the Slate of Fiolds. I am familiar with, and acceptable in the component of the prior notice.  DATE  City  FL Now Signature registered agent, or both, in the Slate of Fiolds. I am familiar with, and acceptable in the component of the prior notice.  DATE  Conversion of registered agent, or both, in the Slate of Fiolds. I am familiar with, and acceptable in the component of the prior notice.  DATE  Conversion of registered agent, or both, in the Slate of Fiolds. I am familiar with, and acceptable in the component of the Slate of Fiolds and acceptable	Principal Place of Business - No P.O. Box #     3. Mailing Address										
Signature   Sign	Suite, Ap	t. #, etc.	Suite, Apt. #, etc.		····	05022008	Chg-P	CR2E0	)34 (12/06)	1	
E. Name and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. The above named ently 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.  8. The above named ently 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.  8. The above named ently 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.  8. Signature  FILE NOWIII FEE IS \$150.00  Due by September 12, 2008  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  MAKE CILARKE, ROBERT S  SIREM ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Make CILARKE, ROBERT S  SIREM ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Make CILARKE, ROBERT S  SIREM ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Make CILARKE, ROBERT S  SIREM ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Make CILARKE, ROBERT S  SIREM ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Make CILARKE, ROBERT S  SIREM ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Make CILARKE, ROBERT S  SIREM ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Make CILARKE, ROBERT S  SIREM ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Make CILARKE, ROBERT S  SIREM ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Make CILARKE, ROBERT S  SIREM ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Make CILARKE, ROBERT S  SIREM ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Make CILARKE, ROBERT S  SIREM ADDIT	City & State		City & State								
Name	Zip	Country	Zip	Zip Country		5 Certificate of Status Desired   \$8.75 Additional					
Surest Address (P.O. Box Number is Not Acceptable)    City		6. Name and Address of Current Registered Agent				7. Name and	d Address of New F	Registered .	Agent		
Street Address (P.O. Box Number is Not Acceptable)  City					Name						
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  Signature:	1200 SOL	JTH PINE ISLAND ROAD		Street	Street Address (P.O. Box Number is Not Acceptable)						
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Sprake, lyped or ortred name of registered agent and title if applicable.   ROTE: Registered Agent submitted requires required when revisating)   DATE			the purpose of changing its	registered office	or registere	d agent, or bo	oth, in the State of Flo	orida. I am	familiar with,	, and accept	
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Trust Fund Contribution. Added to Fees   corporation did not receive the prior notice.  10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE   DP							I			<del></del>	
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12. I hereby certify that the information supplied with this filling 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 gath; that I am an officer or director	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP							

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or director functions or the receiver or director of the corporation or the receiver of director of the corporation of of th

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

661-210-6525 Daytime Phone #