2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # F05000006821 ORTHOPEDIC SYSTEMS, INC.



Aug 18, 2006 8:00 am Secretary of State 07-20-2006 90001 046 ***150.00

FILED

Principal Place of Business 30031 AHERN AVE UNION CITY, CA 94587

Mailing Address

30031 AHERN AVE UNION CITY, CA 94587



DO NOT WRITE IN THIS SPACE

07052006 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 94-2405390 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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.	

(NGTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS \$150.00

SIGNATURE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 мау Ве Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

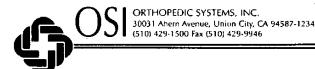
D	Trust Fund Contribution.	
10.	OFFICERS AND DIREC	CTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEMOTO, TATSUYA 30 - 13 HONGO 3-CHOME BUNKYO-KU, TOKYO, 133 JAPAN,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C NEMOTO, TAKASHI 30 - 13 HONGO 3-CHOME BUNKYO-KU, TOKYO, 133, JAPAN, X	«×
TITLE MAME STREET ADDRESS CITY-ST-ZP	V LAMB, STEVE 30031 AHERNAVE UNION CITY, CA 94587	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TAKAGAKI, ATSUSHI ANDREW 30031 AHERNAVE UNION CITY, CA 94587	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YAMAMURA, SHIGERU 30031 AHERNAVE UNION CITY, CA 94587	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BUNKYO-KU, TOKYO 133, JAPAN, X	
12. I hereby a indicated	certify that the information supplied with this f	iling does not qualify for the exe

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t qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver changed, or on an attachment w

SIGNATURE:

SIGNATURE AN



16.60232.67 #F6500004821

July 14, 2006

Florida Department of State Division of Corporations P.O. Box 6498 Tallahassee, FL 32314

To Whom It May Concern:

Attached is the payment for profit corporation annual report for Orthopedic Systems, Inc. I would like to request to waive any penalty that will incur due to late payment. The payment was sent on January 16, 2006 as I attached the void check which at present never been cleared in the back.

Thank you very much for understanding on this matter.

Sincerely,

Eleanor Dangca 510-476-8165 ACCOUNTING CORY DETACH BEFORE MAILING ORTHOPEDIC SYSTEMS, INC. 30031 ANERN AVENUE • UNION CITY, CA 94567-1234 (S10) 429-1500 CHECK 0ATE -INVOICE ID ORIGINAL INVOICEREFERENCE ANUAL REPRT 2006 VOUCHER ID INVOICE DATE GROSS DISCOUNT NET PAYMENT AMOUNT •3006013212902¹ 0.00 150.00 1/16/2006 150.00 285856 FLORIDA DEPARTMENT OF STATE 30031 ARERN AVENUE - UNION CITY CA SHOPE-19 (510) 429-1500 NET PAYMENT AMOUNT ORIGINAL INVOICE ID ORIGINAL INVOICE AFFERENCE ANUAL REPRT 2006 150.00 INVOICE DATE 0.00 VOUCHER ID 150.00 1/16/2006_ 0006013212902 150.00 150.00 285856 FLORIDA DEPARTMENT OF STATE