2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007
Secretary of State

DOCUMENT# F06000001702

Entity Name: NEW WAVE LOGISTICS (USA) INC.

Current Principal Place of Business:

8295 TOURNAMENT DR., STE. 150
MEMPHIS, TN 38125

New Principal Place of Business:

2417 E. CARSON ST. #210
LONG BEACH, CA 90810

Current Mailing Address:

8295 TOURNAMENT DR., STE. 150
MEMPHIS, TN 38125

New Mailing Address:

FEI Number: 95-3978493 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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: C ( ) Delete
Name: OGOCHI, TSUYUSHI
Address: 2417 E. CARSON ST., STE. 210
City-St-Zip: LONG BEACH, CA 90810

Title: D ( ) Delete
Name: YAMAGATA, SABURO
Address: 2417 E. CARSON ST., STE. 210
City-St-Zip: LONG BEACH, CA 90810

Title: D ( ) Delete
Name: PERDUE, THOMAS
Address: 2417 E CARSON ST, STE. 210
City-St-Zip: LONG BEACH, CA 90810

Title: P ( ) Delete
Name: MIYAJI, YUTAKA
Address: 2417 E CARSON ST. STE. 210
City-St-Zip: LONG BEACH, CA 90810

Title: V ( ) Delete
Name: NEWTON, SCOTT
Address: 2417 E CARSON, STE. 210
City-St-Zip: LONG BEACH, CA 90810

Title: S ( ) Delete
Name: SCHEINBERG, CHRISTINE
Address: 8295 TOURNAMENT DR., STE. 150
City-St-Zip: MEMPHIS, TN 38125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: OGOCHI, TSUYUSHI
Address: 2417 E. CARSON ST., STE. 210
City-St-Zip: LONG BEACH, CA 90810

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

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

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

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

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

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: CHRISTINE SCHEINBERG SECT 02/23/2007

Electronic Signature of Signing Officer or Director Date