2008 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Nan	MENT # F070000057		FILED Jul 14, 2008 08:00 AM Secretary of State				
Principal Place of Business 25975 EMERY RD., SUITE A CLEVELAND, OH 44128		Mailing Address 25975 EMERY RD., SUITE A CLEVELAND, OH 44128					DAN FUKI NANGAL II INDI
				07072008	No Chg-P	CR2E034	
Ç	O NOT WRITE	IN THIS SPA	CE	4. FEI Numb 34-179	er		Applied For Not Applicable
	d. Name and Address of Courses D		• • • •	5. Certificate	of Status Desired		.75 Additional Required
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					NOT W THIS SP	5 Star	
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. UI0000954743 O7/14/08-80011-009_150.00 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOWIII FEE IS \$150.009. Election Campaign FinarDue by September 12, 2008Trust Fund Contribution.				. 00 May Be ed to Fees	In accordance v corporation did	vith s. 607.19 not receive th	3(2)(b), F.S., the e prior notice.
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D PST STONE, RICHARD L 25975 EMERY RD., SUITE A CLEVELAND, OH 44128	RECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						** ** * * * *	
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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: SIGNATUREAND TYPED OR POWER NAME OF BIGINING OFFICER OR DIRECTOR							