

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVAL  
07-25-2006 90026 047-\*\*\*150.00  
FILE#F9400000194

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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<b>DOCUMENT # F94000000194</b>					
1. Entity Name <b>MOMOKAWA SAKE LTD INC</b>					
Principal Place of Business <b>820 ELM ST FOREST GROVE, OR 97116 US</b>			Mailing Address <b>820 ELM ST FOREST GROVE, OR 97116 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>93-1075146</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CFO	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, JANICE S		NAME		
STREET ADDRESS	820 ELM STREET		STREET ADDRESS		
CITY-ST-ZIP	FOREST GROVE, OR 97116		CITY-ST-ZIP		
TITLE	COS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURAI, KYOTA		NAME		
STREET ADDRESS	820 ELM STREET		STREET ADDRESS		
CITY-ST-ZIP	FOREST GROVE, OR 97116		CITY-ST-ZIP		
TITLE	COP	<input type="checkbox"/> Delete	TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOONE, STEVEN		NAME	Boone, Steven	
STREET ADDRESS	1286 PACIFIC AVENUE		STREET ADDRESS	1286 Pacific Avenue	
CITY-ST-ZIP	FOREST GROVE, OR 97116		CITY-ST-ZIP	Forest Grove, OR 97116	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURAI, TOHRU		NAME		
STREET ADDRESS	820 ELM STREET		STREET ADDRESS		
CITY-ST-ZIP	FOREST GROVE, OR 97116		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAGOOD, JEFFREY		NAME		
STREET ADDRESS	33100 SW LAUREL RD		STREET ADDRESS		
CITY-ST-ZIP	HILLSBORO, OR 97123		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	C:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHER, DICK-CHAIR		NAME	Maher, Richard (Dick)	
STREET ADDRESS	301 DEER PARK ROAD		STREET ADDRESS	301 Deer Park Road	
CITY-ST-ZIP	SAINT HELENA, CA 94574		CITY-ST-ZIP	Saint Helena, CA 94574	
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: <i>[Signature]</i>		STEVE BOONE		7/20/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

*Document corrected per Charlene Boothe. px*