


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F94000000194</b>	
1. Entity Name <b>SAKEONE CORPORATION</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>
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**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>93-1075146</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324</b>	
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**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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MAHER, RICHARD 301 DEER PARK ROAD SAINT HELENA, CA 94574
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COS MURAI, KYOTA 820 ELM STREET FOREST GROVE, OR 97116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BOONE, STEVEN 1286 PACIFIC AVENUE FOREST GROVE, OR 97116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURAI, TOHRU 820 ELM STREET FOREST GROVE, OR 97116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAGOOD, JEFFREY 33100 SW LAUREL RD HILLSBORO, OR 97123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTHRIE, MATT 17230 SACRAMENTO STREET PORTLAND, OR 97230

**DO NOT WRITE  
IN THIS SPACE**

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.

<b>SIGNATURE:</b> _____	4/4/08 503-357-7056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #