2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# F94000000194

Entity Name: SAKEONE CORPORATION

Current Principal Place of Business:

820 ELM ST
FOREST GROVE, OR 97116 US

New Principal Place of Business:

Current Mailing Address:

820 ELM ST
FOREST GROVE, OR 97116 US

New Mailing Address:

FEI Number: 93-1075146 **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: MAHER, RICHARD
Address: 301 DEER PARK ROAD
City-St-Zip: SAINT HELENA, CA 94574 US

Title: COS ( ) Delete
Name: MURAI, KYOTA
Address: 820 ELM STREET
City-St-Zip: FOREST GROVE, OR 97116 US

Title: CEO ( ) Delete
Name: BOONE, STEVEN
Address: 1286 PACIFIC AVENUE
City-St-Zip: FOREST GROVE, OR 97116 US

Title: D ( ) Delete
Name: MURAI, TOHRU
Address: 820 ELM STREET
City-St-Zip: FOREST GROVE, OR 97116 US

Title: D ( ) Delete
Name: LAGOOD, JEFFREY
Address: 33100 SW LAUREL RD
City-St-Zip: HILLSBORO, OR 97123 US

Title: D ( ) Delete
Name: GUTHRIE, MATT
Address: 17230 SACRAMENTO STREET
City-St-Zip: PORTLAND, OR 97230

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

I hereby certify that the information supplied with this filing does not qualify 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: STEVEN BOONE CEO 03/19/2009

Electronic Signature of Signing Officer or Director Date