2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # F95000003959 07-21-2006 90025 035 ***550.00 NISHIMOTO TRADING CO., LTD. Principal Place of Business Mailing Address 3941 COMMERCE PARKWAY 13409 ORDEN DR. MIRAMAR, FL 33025 SANTA FE SPRINGS, CA 90670 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07032006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 95-2101387 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Henry Wong KIKUMORI, HIROSHI Street Address (P.O. Box Number is Not Acceptable) 3941 COMMERCE PARKWAY MIRAMAR, FL 33025-3436 8779 NW 6th st. 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 Signature, typed or printed name registered agent and title if applicable FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Due by September 6, 2006 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE VSD ☐ Delete TITLE Change ☐ Addition NAME TOYAMA, NOBORU NAME STREET ADDRESS 13409 ORDEN DR STREET ADDRESS CITY-ST-ZIP SANTA FE SPRINGS, CA 90670 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME KANAI, HIDEO NAME STREET ADDRESS 13409 ORDEN DR. STREET ADDRESS CITY-ST-ZIP SANTA FE SPRINGS, CA 90670 CITY+ST-ZIP DILE ☐ Delete TITLE ☐ Change ☐ Addition MURAOKA, MAZAMICHI STREET ADDRESS 13409 ORDEN DR. STREET ADDRESS CITY - ST- ZIP SANTA FE SPRINGS, CA 90670 CITY-ST-ZIP TITLE CEO ☐ Delete TITLE ☐ Change ☐ Addition MIYAZATO, IRIS NAME NAME STREET ADDRESS 13409 ORDEN DR. STREET ADDRESS CITY-ST-ZIP SANTA FE SPRINGS, CA 90670 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

FILED

Jul 21, 2006 8:00 am