


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90076 020 ****70.00

DOCUMENT # F99000000563 1. Entity Name OKADA, LTD. INC.					
Principal Place of Business 7509 E SAVIORS PATH FLORAL CITY, FL 34436			Mailing Address 7509 E SAVIORS PATH FLORAL CITY, FL 34436		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 39-1562910	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PUTNAM, PATTI P 7509 E SAVIORS PATH FLORAL CITY, FL 34436				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EICH, SUZANNE 34256 HOMESTEAD RD. GURNEE, IL 60013	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EICH, SUZANNE 1412 ANNIE LANE LIBERTYVILLE, IL 60048
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROTOLA, KATHERINE 8443 E. HAINES CT FLORAL CITY, FL 34436	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROTOLA, CATHERINE 8443 E. HAINES CT. FLORAL CITY FL 34436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EDWARDS, VELVET 14034 NORTH EDGEWORTH DRIVE FOUNTAIN HILLS, AZ 85268	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PUTNAM, PATTI 7509 E. SAVIORS PATH FLORAL CITY, FL 34436	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAFFORD, SUSAN 8828 EAST ECHO COURT INVERNESS, FL 34450	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 617, 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>Patti P. Putnam</i> PATTI P. PUTNAM 1-11-06 352-344-0423 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					