2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Jan 27, 2005 08:00 AM DOCUMENT # F99000001121 **Secretary of State** 1. Entity Name OLIVER AMERICA INTERNATIONAL INC. Principal Place of Business Mailing Address PO BOX 6192 PO BOX 6192 DELRAY BEACH FL 33482-6192 DELRAY BEACH FL 33482-6192 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 56-1889756 Not Applicat Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SAVINI, LINDA Street Address (P.O. Box Number is Not Acceptable) 8256 SUMMERBREEZE LANE BOCA RATON FL 33496 City Zip Code 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 1 am familiar with, and accethe obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tirte-4 applicable (NOTE, Rugistered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May □ After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ulti . Delete ыць ☐ Change ☐ Address NAME OKAWA, HIROMI U00000198427 NAME 300 N. MAIN ST., STE. 400 CIRECT ADDRESS STREET ADDRESS 01/27/05-80053-001 150.00 HIGH POINT NC 27260 CHY-SE-7P CITY-ST-7IP TITLE ☐ Delete Change Adder TITLE MURAKAMI, SHUICHI NAME NAME STREET ADDRESS 300 N. MAIN ST., STE. 400 STREET ADDRESS CITY-ST-ZIP HIGH POINT NC 27260 CITY-ST-7IP ☐ Delete 1111 ☐ Change Adam Adam NAME MATSUO, KAZUMASA NAME STREET ADDRESS 300 N. MAIN ST., STE. 400 CTREET ADDRESS CITY-SI-ZIP. HIGH POINT NO 27260. CITY-SE-ZIP ∐ Change Addit\* HILE Delete tini LYNCH, CHARLES E JR. NAME NAME STREET ADDRESS STREET AUDRESS 300 N. MAIN ST., STE. 400 CHY-ST-/IF HIGH POINT NC 27260 CITY ST-ZIP AS ☐ Change ☐ A. · · · HITE ☐ Delete THEF SAVINS, LINDA NAME NAME 8256 SUMMERBRIDGE LN,. STREET ADDRESS STREET ADDRESS BOCA RATON FL 33496 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Am. UILE ☐ Delete HILE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZP CITY-53.71P

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i), 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 direction 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CONTROL STATE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/05 St/ 4791805

FILED