2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 15, 2007 08:00 AN Secretary of State DOCUMENT # G65040 1. Entity Name IEYASU OF TOKYO, INC. Principal Place of Business Mailing Address 2061 LAUREL DRIVE 4371 OCEAN STREET MAYPORT FL 32233 MIDDLEBURG FL 32068-5033 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-2382691 Not Applicable Zin Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo YANO, TAKATOSHI Street Address (P.O. Box Number is Not Acceptable) 2040 DEER RUN TRAIL JACKSONVILLE FL 32246 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DAH! Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when remislating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. HIHE Delete 1000 Change Addition YANO, TAKATOSKI NAME NAMI U00000636625 02/26/07-80029-001 150.0<mark>0</mark> 2040 DEER RUN TRAIL STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32246 CITY - ST - ZIP CHY-SI-7IP Addition IIIII ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP TITLE Delele TITLE Change Addition NAM! NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CHY-SI-ŽIP ☐ Change ☐ Delete ■ Addition TITUE. TITLE NAMI NAME STREET ADDRESS STRUCT ADDRESS CITY-ST-ZIP CHY-SI-7IP □ Change ■ Addition ☐ Delete THEF TITLE NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP 11111 Delete THLE Change Addition NAMI' NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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: Jakaloshy 400 (Takatoshy Yano-Pres.) 2-13-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Deglare Proces