2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 25, 2005 08:00 AM Secretary of State DOCUMENT # K01941 1. Entity Name YUJI'S WOODWORKING, INC. Principal Place of Business Mailing Address 13090 STARKEY ROAD 13090 STARKEY ROAD LARGO, FL 33773 US LARGO, FL 33773 CR2E034 (10/03) 01042005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2858300 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE UCHIDA, YUJIRO 13090 STARKEY ROAD LARGO, FL 33773 IN THIS SPACE 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 DATE Signature, typed or printed name of registered agent and alle if applicable (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. IIILE UCHIDA, YUJIRO NAME 10808 NINA STREET STREET ADDRESS SEMINOLE, FL CITY-ST-ZIP ĎΫ TITLE H949111242773 UCHIDA, CLAUDIA NAME *ประว*ร/05-9ีกกีเล-กกล เรก.กณ STREET ADDRESS. 10808 NINA STREET SEMINOLE, FL CITY - ST - ZIP TMAIN STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-719 mle NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 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

INTED HAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED