

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 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 US

**DO NOT WRITE IN THIS SPACE**



01042006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 59-2858300      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UCHIDA, YUJIRO  
 13090 STARKEY ROAD  
 LARGO, FL 33773

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

1100000421794  
 02/16/06-80043-025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP UCHIDA, YUJIRO 10808 NINA STREET SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV UCHIDA, CLAUDIA 10808 NINA STREET SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 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: Claudia Uchida      1-31-2006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #