


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 0
Secretary of

DOCUMENT # L86699 1. Entity Name SUNTACC AND COMPANY, INC.	
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Principal Place of Business 1 DOUGLAS ST HOMOSASSA, FL 34446 US	Mailing Address ATTN: CONTROLLER P.O. BOX 3809 HOMOSASSA, FL 34447 US
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01172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0206839	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TANIO, JUN ONE DOUGLAS STREET HOMOSASSA, FL 34446
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT INOUE, YUKIHISA 18 UMENOKICHO, SHIMOYAMO KYOTO, JAPAN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OGASAWARA, YUMICO 18 UMENOKICHO, SHIMOYAMO KYOTO, JAPAN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ISHIHARA, KAYOKO 3-78 YOBITSUGI-CHO AICHI, JAPAN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COOKE, STANLEY 5 RYEWOOD CIR. HOMOSASSA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

LC00000696077
04/17/07-80086-011 150.00

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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: 	4/7/07	352-382-3112
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>