


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # L86705 1. Entity Name NALVIE & CO., INC.	
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Principal Place of Business
**ONE DOUGLAS STREET
HOMMSASSA, FL 34446 US**

Mailing Address
**ATTN: CONTROLLER
P.O. BOX 3809
HOMOSASSA SPRINGS, FL 34447 US**



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0206848	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**TANIO, JUN
ONE DOUGLAS STREET
HOMOSASSA, FL 34446**

**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

[Signature]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	INOUE, YUKIHISA
STREET ADDRESS	18 UMENOKICHO, SHIMOGAMO
CITY-ST-ZIP	KYOTO, JAPAN,
TITLE	D
NAME	OGASAWARA, YUMIKO
STREET ADDRESS	18 UMENOKICHO, SHIMOGAMO
CITY-ST-ZIP	KYOTO, JAPAN,
TITLE	VSD
NAME	ISHIHARA, KAYOKO
STREET ADDRESS	3-78 YOBITSUGI-CHO
CITY-ST-ZIP	AICHI, JAPAN,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/22/05-80056-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/05

352-382-3112