

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# L86705

**FILED**  
**Jul 08, 2009**  
**Secretary of State****Entity Name:** NALVIE & CO., INC.**Current Principal Place of Business:**ONE DOUGLAS STREET  
HOMMSASSA, FL 34446 US**New Principal Place of Business:****Current Mailing Address:**ATTN: CONTROLLER  
P.O. BOX 3809  
HOMOSASSA SPRINGS, FL 34447 US**New Mailing Address:****FEI Number:** 65-0206848 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**TANIO, JUN  
ONE DOUGLAS STREET  
HOMOSASSA, FL 34446 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PDT ( ) Delete  
Name: INOUE, YUKIHISA  
Address: 18 UMENOKICHO, SHIMOGAMO  
City-St-Zip: KYOTO, JAPAN,

Title: D (X) Delete  
Name: OGASAWARA, YUMIKO  
Address: 18 UMENOKICHO, SHIMOGAMO  
City-St-Zip: KYOTO, JAPAN,

Title: VSD ( ) Delete  
Name: ISHIHARA, KAYOKO  
Address: 3-78 YOBITSUGI-CHO  
City-St-Zip: AICHI, JAPAN,

Title: VD ( ) Delete  
Name: COOKE, STANLEY  
Address: 5 RYEWOOD CIR  
City-St-Zip: HOMOSASSA, FL 34446

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STANLEY COOKE

VD

07/08/2009

Electronic Signature of Signing Officer or Director

Date