FILED · Apr 09, 2007 08 Secretary of

| 2007 | FOR | PROF | IT CO | RPO | RATION |
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| | ANNUAL | KEPUKI | | | | ~ | | |
|--|--|---|--|---|--|---------------------------|--|--|
| DOCU | MENT # L86706 | | | | | | | |
| 1. Entity Name INTERFIV | e E FLORIDA COMPANY, INC | | | | | | | |
| 1 DOUGLASS ST A HOMOSASSA, FL 34446 US F | | Mailing Address ATTN: CONTROLLER P.O. BOX 3809 HOMOSASSA SPRINGS, FL 34446 US | | | DI 1840 ANN ARDA BAKE BAK | 11811 OFFII 11881 11881 1 | 01841 B1041084 AL 4881 | |
| Tiller (1921) Tagʻallar (1921) Silingar (1921) | O NOT WRITE | IN THIS SPA | | 01172007 | No Chg-P | CR2E034 (1 | 1/05) | |
| | eg - Salan er - Agental Salan er geleg fil. Salan films September spell med film filmfilm | | Marie Salata (1965) Marie Salata (1965) | 4. FEI Numb | | | Applied For Not Applicable | |
| | | | distriction of the state of the | | 5. Certificate of Status Desired | | S8.75 Additional Fee Required | |
| *** | 6. Name and Address of Current Re | | [12] Apr. 10 10 10 10 10 10 10 10 10 10 10 10 10 | | B. Saphashina align the | many and a resident | erst mit Sensit hit in | |
| | IN GLAS STREET SSA, FL 34446 | | hering of the letter of the le | IN | NOT W | RITE ACE | hi sipa din besi a na di gun ang a ng pesisan din a | |
| | named entity submits this statement for thins of registered agent. Signature, typed or printed name of registered agent and | | ared office or regis ered Agent signature requ | | oth, in the State of Flo | orida. I am familia | r with, and accept | |
| FILE NOWIN FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees | | | | | |
| 10. | OFFICERS AND DI | RECTORS | _ | na art all tool | and the first of the second | aring in the Section | Saud Purchala Salar | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDT INOUE, YUKIHISA 18 UMENOKICHO, SHIMOGAMO KYOTO, JAPAN, | | | rgijas ir provijetas polijetas provijetas Dalij polijetas probližaski polijetas produčijaski | |) 100696084 | and the same and a register of the same in the same of the same of | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D OGASAWARA, YUMICO 18 UMENOKICHO, SHIMOGAMO KYOTO, JAPAN, | | gas all feat of t to sprijegging under comerce | er gji jire dje i | "04/17/6 eta elle che elle i esi elle che elle i elle elle che elle i | | 015_150_00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD ISHIHARA, KAYOKO 3-78 YOBITSUGI-CHO AICHI, JAPAN, | | | n i di Maria | NOT W | La de la granda | निवारी कुले हैं है है । जाने हैं | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KAWATA, TAIZO 2-24-16 VEHARA, SHIBUYA-KU TOKYO , JAPAN, | | in with the second of the seco | godos IN 1986 – Joseph Sale | THIS SF | PACE | व्यक्ती (पूर्व विकास विकास जनसङ्ख्या समामे (प्राप्ती) | |
| TITLE | D TANIO JUN | | Li san e | er er er filt e | 22 (1) 1 + 100 ; | ing some state of the | | |

12. Thereby 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: _

STREET ADDRESS 8 PINE ST

HOMOSASSA, FL 34446

CITY-ST-ZIP

FILLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/07

352-382-3/12