

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004114

FILED
Jan 26, 2005
Secretary of State

Entity Name: WADO GUSEIKAI USA, INC.

Current Principal Place of Business:

28036 PRICE ROAD
OKAHUMPKA, FL 34762

New Principal Place of Business:

6636 BROKEN ARROW TRAIL
LAKELAND, FL 33813

Current Mailing Address:

28036 PRICE ROAD
OKAHUMPKA, FL 34762

New Mailing Address:

6636 BROKEN ARROW TRAIL
LAKELAND, FL 33813

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENGLEHARDT, JOHN C
1524 E. LIVINGSTON STREET
ORLANDO, FL 32803 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: D () Delete
Name: NASH, BOB
Address: 2412 63RD WAY S. #4-202
City-St-Zip: KENT, WA 98032

Title: D () Delete
Name: NASH, BOB
Address: 2412 63RD WAY S. #4-202
City-St-Zip: KENT, WA 98032

Title: PD () Delete
Name: BENTLEY, TOM
Address: 28036 PRICE ROAD
City-St-Zip: OKAHUMPKA, FL 34762

Title: SD () Delete
Name: VENEROSA, DEBBY
Address: PO BOX 6303
City-St-Zip: FLORENCE, SC 29502

Title: TD () Delete
Name: LEWIS, JANNET
Address: 6636 BROKEN ARROW TRAIL
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PD (X) Change () Addition
Name: VENEROSO, DEBBY
Address: P.O. BOX 6303
City-St-Zip: FLORENCE, SC 29502

Title: SD (X) Change () Addition
Name: BALINGIT, BARBARA
Address: 6620 NEWMAN CIRCLE EAST
City-St-Zip: LAKELAND, FL 33811

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANNET A LEWIS

TD

01/26/2005

Electronic Signature of Signing Officer or Director

Date