

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004114

FILED
May 02, 2007
Secretary of State

Entity Name: WADO GUSEIKAI USA, INC.

Current Principal Place of Business:

6636 BROKEN ARROW TRAIL
LAKELAND, FL 33813

New Principal Place of Business:

3200 LAND GRANT DR
TIMMONSVILLE, SC 29161

Current Mailing Address:

6636 BROKEN ARROW TRAIL
LAKELAND, FL 33813

New Mailing Address:

3200 LAND GRANT DR
TIMMONSVILLE, SC 29161

FEI Number: 20-2360972 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: 1982 15TH AVENUE WE
City-St-Zip: ISSAQUAH, WA 98029

Title: D () Delete
Name: NASH, BOB
Address: 1982 15TH AVENUE NE
City-St-Zip: ISSAQUAH, WA 98029

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

Title: S () Delete
Name: BALINGIT, BARBARA
Address: 6113 MOUNTAIN LAKE DRIVE
City-St-Zip: LAKELAND, FL 33813

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

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

Title: T (X) Change () Addition
Name: MANN, GEOFFREY
Address: 3200 LAND GRANT DR
City-St-Zip: TIMMONSVILLE, SC 29161

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEOFFREY MANN

T

05/02/2007

Electronic Signature of Signing Officer or Director

Date