

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004114

Entity Name: WADO GUSEIKAI USA, INC.

FILED
Jan 04, 2008
Secretary of State

Current Principal Place of Business:

3200 LAND GRANT DR
TIMMONSVILLE, SC 29161

New Principal Place of Business:

Current Mailing Address:

3200 LAND GRANT DR
TIMMONSVILLE, SC 29161

New Mailing Address:

FEI Number: 20-2360972

FEI Number Applied For ()

FEI Number Not Applicable ()

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: NASH, BOB
Address: 3546 254TH SE
City-St-Zip: ISSAQUAH, WA 98029

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

Title: S (X) Change () Addition
Name: BALINGIT, BARBARA
Address: 6113 MOUNTAIN LAKE DR.
City-St-Zip: LAKELAND, FL 33813

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

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 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

01/04/2008

Electronic Signature of Signing Officer or Director

Date