2004 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 30, 2004 8:00 am Secretary of State DOCUMENT # P01000042700 08-30-2004 90009 037 ***150.00 1. Entity Name SHOGUN INTERNATIONAL, INC. Principal Place of Business Mailing Address 3825 CHEVERLY DR. W. LAKELAND, FL 33813 Q (etc. 3825 CHEVERLY DR. W. LAKELAND, FL 33813 Clete 3. Mailing Address 23.06 E. Edgewood Suite, Apt. #, etc. 2. Principal Place of Business 2306 E. Edgewood 08232004 CR2E034 (10/03) Chg-P City & State Lake Land City & State Lakeland 4. FEI Number Applied For FL 59-3720501 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TERRY, ALISON 3825 CHEVERLY DR. W. < Polete LAKELAND, FL 33813 E. Edgewood, Dr Zip Code 33803 8. 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. Lam familiar with, and accept the obligations of registered age SIGNATURE stered agent and title if applicable. (NOTE: Beniste 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete Change Addition TITLE TITLE WANG TERRY, ALISON NAME NAME 2306 E. Edgewood Dr. Lakeland FL 33803 3825 CHEVERLY DR. W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33813 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE - Change - 🔲 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify 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 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.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED

8/27/2004 (863)665-1165