

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000104360

1. Entity Name
MAKINO, INC.



Principal Place of Business
10801 STARKEY ROAD
SUITE 18
LARGO, FL 33777-1160

Mailing Address
10801 STARKEY ROAD
SUITE 18
LARGO, FL 33777-1160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092006 Chg-P CR2E034 (11/05)

| | |
|-----------------------------|----------------|
| 4. FEI Number 59-3533842 | Applied For |
| | Not Applicable |

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KEKIMAKINO, KEIKI MAKINA
8727 BARDMOOR PLACE, #203
LARGO, FL 33777

Name **Keiko Makino**

Street Address (P.O. Box Number is Not Acceptable)

8727 Bardmoor Place # 203

| | | |
|-------------------|----|-----------------------|
| City Largo | FL | Zip Code 33777 |
|-------------------|----|-----------------------|

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *X Keiko makino*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE *Y1/06*

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | |
|--|--|---------------------------------|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MAKINO, KEIKI 8727 BARDMOOR PLACE, #203 LARGO, FL 33777 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST NAGATOMO, MASAKO 8727 BARDMOOR PLACE 203 LARGO, FL 33777 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby 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: *X Keiko makino*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Y1/06 (229) 319-6627
Date *11/06* Daytime Phone #