

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Jan 24, 2008 8:00 am  
Secretary of State**

01-24-2008 90033 049 \*\*\*150.00

DOCUMENT # P01000104360		
1. Entity Name <b>MAKINO, INC.</b>		

Principal Place of Business <b>10801 STARKEY ROAD SUITE 18 LARGO, FL 33777-1160</b>	Mailing Address <b>10801 STARKEY ROAD SUITE 18 LARGO, FL 33777-1160</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>KEKIMAKINO, KEIKI MAKINO 8727 BARDMOOR PLACE, #203 LARGO, FL 33777</b>		Name <b>Keiki MAKINO</b> Street Address (P.O. Box Number is Not Acceptable) <b>8727 BARDMOOR PLACE # 203</b>	
		City <b>LARGO</b> FL <b>33777</b>	

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 *Keiki Makino* KEIKI MAKINO 01/14/2008  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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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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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

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: *Keiki Makino* KEIKI MAKINO 01/14/2008 (727)314-6627  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #