**FILED**
**Jun 15, 2005 8:00 am**
**Secretary of State**
06-15-2005 90096 007 ***150.00

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000054645

1. Entity Name
MASUDAJIMA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4533 WILKINSON RD.<br>SARASOTA, FL 34233 US | ~~4533 WILKINSON RD.~~ PO BOX 5085<br>SARASOTA, FL ~~34233~~ US<br>34277-5085 |

04032005 No Chg-P CR2E034 (10/03)

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4. FEI Number
01-0737032
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHAPNICK, BRUCE P ESQ.
2033 MAIN STREET
SUITE 600
SARASOTA, FL 34237

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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: David Bangsen V.P. 6/7/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2005 Fee will be $550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | BARNGROVER, JAMES E |
| STREET ADDRESS | 4533 WILKINSON ROAD |
| CITY-ST-ZIP | SARASOTA, FL 34233 |
| TITLE | D |
| NAME | BARNGROVER, DAVID L |
| STREET ADDRESS | 4533 WILKINSON ROAD |
| CITY-ST-ZIP | SARASOTA, FL 34233 |
| TITLE | D |
| NAME | BARNGROVER, MATTHEW J |
| STREET ADDRESS | 4533 WILKINSON ROAD |
| CITY-ST-ZIP | SARASOTA, FL 34233 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: James E. Barngrover 4/12/05 (941)925-0118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #