
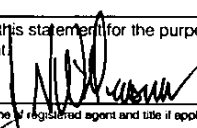



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90309 009 ***150.00

| | | | | | |
|---|--|--|--|---|--|
| DOCUMENT # P02000094675 1. Entity Name THE NINJA CORPORATION USA | | | |  | |
| Principal Place of Business 1415 PANTHER LANE SUITE 343 NAPLES, FL 34109 | | | Mailing Address 1415 PANTHER LANE SUITE 343 NAPLES, FL 34109 | | |
| 2. Principal Place of Business 999 Vanderbilt Beach Rd | | 3. Mailing Address 999 Vanderbilt Beach Rd | | | |
| Suite, Apt. #, etc. 601 | | Suite, Apt. #, etc. 601 | | | |
| City & State Naples FL | | City & State Naples FL | | | |
| Zip 34108 | | Country USA | | Zip 34108 | |
| Country USA | | Country USA | | | |
| 4. FEI Number 81-0581480 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent CORPORATE INTERNATIONAL REGISTERED AGENTS, INC. 200 S BISCAYNE BLVD, 43RD FLOOR MIAMI, FL 33131 | | | 7. Name and Address of New Registered Agent Name Kyle N. Williamson Street Address (P.O. Box Number is Not Acceptable) 999 Vanderbilt Beach Road Suite 601 City Naples FL Zip Code 34108 | | |
| 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  DATE 3/4/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | D <input type="checkbox"/> Delete BAXTER, DEE ST MICHAELS INDUSTRIAL ESTATE/TOPAZ HOUSE WIDNESS CHESHIRE, WA8 8TL | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete BRERETON, ANTHONY ST MICHAELS INDUSTRIAL ESTATE/TOPAZ HOUSE WIDNESS CHESHIRE, WA8 8TL | | 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| <small>Date Daytime Phone #</small> | | | | | |