



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000061378 1. Entity Name PARCEL T-II, INC.		
Principal Place of Business C/O TOMEN AMERICA INC. 1285 AVE OF THE AMERICAS NEW YORK, NY 10019		Mailing Address C/O TOMEN AMERICA INC. 1285 AVE OF THE AMERICAS NEW YORK, NY 10019
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		DO NOT WRITE IN THIS SPACE
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 _____ <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, 2006 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		DO NOT WRITE IN THIS SPACE 100000556586 05/17/06-80017-007 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HOSOHARA, TETSUO 1285 AVENUE OF THE AMERICAS NEW YORK, NY 10019	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PARRIS, RICHARD 1285 AVENUE OF THE AMERICAS NEW YORK, NY 10019	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HIRATA, MINORU 1285 AVENUE OF THE AMERICAS NEW YORK, NY 10019	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WADA, AKIRA 1285 AVENUE OF THE AMERICAS NEW YORK, NY 10019	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MARAIA, JOHN 1285 AVENUE OF THE AMERICAS NEW YORK, NY 10019	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  -Tetsuo Hosohara <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>04/25/06</u> Daytime Phone # <u>(212) 397-5453</u>