2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2007 8:00 am Secretary of State

DOCUMENT # P0300061378 1. Entity Name PARCEL T-II, INC.						04-25-2007 9	90167 04	48 ***150	.00
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			1	1		160	
2. Principal Place of Business - No P.O. Box # 805 THIRD AVENUE Suite, Apt. #, etc.		3. Mailing Address 805 THIRD AVENIE Suite, Apt. #, etc.		04	04192007 Chg-P CR2E034 (12/06)				
C/O Tomen America Inc. City & State		C/O Tomen America Inc. City & State		4.	FEI Number			Ар	plied For
NEW YO	Country	NEW YORK, NY Zip 10022	Country USA		57-1172 Certificate o	f Status Desired		\$8.75 Add	
10022	6. Name and Address of Current R		- USA	7. 1	Name and A	Address of New R	egistered .		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name									
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Street Address (P.O. Box Number is Not Acceptable)					
				City FL Zip Code					
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	registered office or	registered ag	gent, or both	, in the State of Flo	orida. Lam	familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable (NOTE	Registered Agent signal	ure required when r	einstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaig Trust Fund Contri		\$5.00 i Added to					
10.	OFFICERS AND D	IRECTORS	11.	ΑI	DITIONS	HANGES TO OFF	ICERS AND	DIRECTORS	SIN 11
TITLE	PD HOSOHARA, TETSUO	☐ Delete	TITLE NAME	P D HOSOHA	דא יינ	TCHA		K Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	1285 AVENUE OF THE AMERICA NEW YORK, NY 10019	s	STREET ADDRESS CITY - ST - ZIP	805 TH	IRD AV				
TITLE	VP	☐ Delete	TITLE	V T				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	PARRIS, RICHARD 1285 AVENUE OF THE AMERICA NEW YORK, NY 10019	S	NAME STREET ADDRESS CITY-ST-ZIP	PARRIS 805 TH	TRD AV				į
TITLE NAME	T HIRATA, MINORU	₩ Delete	TITLE	NOW TO	<u> </u>	10022		☐ Change	Addition
STREET ADDRESS CITY+ST-ZIP	1285 AVENUE OF THE AMERICA NEW YORK, NY 10019	.s	STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADA, AKIRA 1285 AVENUE OF THE AMERICA NEW YORK, NY 10019	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ETO,DA 805 TH NEW YO	IRD AV	ENUE 10022		Change	Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP	SD MARAIA, JOHN 1285 AVENUE OF THE AMERICA NEW YORK, NY 10019	∑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		O, TSU HIRD A ORK, N	YOSHI VENUE Y 10022		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP					☐ Change	Addition
12. Thereby	certify that the information supplied with don this report or supplemental report is	this filing does not qualify for	r the exemptions on	contained in C	hapter 119, legal effect	Florida Statutes.	I further ce oath; that I	rtify that the ir am an officer	oformation or director

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: =

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/07

(212)355-360 Daylime Phone #

Date