2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

Jul 21, 2005 8:00 am **Secretary of State DOCUMENT # P04000140075** 07-21-2005 90031 018 ***150.00 LUCKY MOON SUSHI, CORP. Principal Place of Business Mailing Address 1511 memorral Trail 539 N MILLS AVE 50056776 Suite ! Eglin AFB' ORLANDO, FL 32803 US Fort walton Beach FL325H2 2. Principal Place of Business 3. Mailing Address 90 07H Suite, Apt. #, etc. 06282005 Chq-P CR2E034 (10/03) 1511 memorial Trail suite 7 Dity & State Applied For EglinAFB Fortwatton Beach 59-3643239 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired uc 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HTUT, TIN HTUT, TIN Street Address (P.O. Box Number is Not Acceptable) 810 EGLIN PKWY NE **UNIT 12** FORT WALTON BEACH, FL 32547 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 age. 7.18.5 **SIGNATURE** egistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Due by September 7, 2005 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Change □ Defete Addition HTUT, TIN NAME NAME 90 IOTH AUE STREET ADDRESS 810 EGLIN PKWY NE UNIT 12 STREET ADDRESS CITY-ST-ZIP FORT-WALTON BEACH, FL 32803-CITY-ST-ZIP TITLE ☐ Channe ☐ Addition Please Note: we've changed "Principal Place NAME STREET ADDRESS CITY-ST-ZIP Old => 810 Eglin PKioy N. Eurit 12 Fortwalton Beach FL 32547 TITLE Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP New oxing 1511 memorial Trail Suite 1 Eglin AFB, Fortwalton Beach FL 32579 Itome Address: X. 90 10 TH Ave Shali mar FL32579 TITLE Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ Addition NAME Address X. 539 Nmills Ave Orlando FL328 STREET ADDRESS CITY-ST-ZIP 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED