## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000136160

CRESCENT CITY, FL 32112 US

City-St-Zip:

Entity Name: YASHICA SAI, INC

FILED Apr 07, 2006 Secretary of State

| Current Principal Place of Business:  |  |  | New Principal Place of Business:            |  |  |
|---|--|--|---|--|--|
|   | MMIT STREET<br>NT CITY, FL 32112   | US   |   |  |  |
| Current Mailing Address:  |  |  | New Mailing Address                         | New Mailing Address:                   |  |
|   | MMIT STREET<br>NT CITY, FL 32112   | US   |   |  |  |
| FEI Number  | : 20-3647777 FE  | Number Applied For()                                   | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )      |  |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: |  |  |   |  |  |
| 300 N. SÚ<br>CRESCEN<br>The above   | /INODRAY<br>MMIT STREET<br>NT CITY, FL 32112<br>named entity submers of Florida. |  | ourpose of changing its registered          | d office or registered agent, or both, |  |
| SIGNATUI  |  |  |   |  |  |
|   |  | gnature of Registered Agret Fund Contribution ( ).  S: |   | Date ES TO OFFICERS AND DIRECTORS:     |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | P,D ( ) Delet<br>MODHA, VINODRAY<br>300 N. SUMMIT STRI<br>CRESCENT CITY, FL      | ΞΕΤ  | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                  |  |
| Title:<br>Name:<br>Address:   | S () Delei<br>MODHA, ALKA<br>300 N. SUMMIT STR                                   |  | Title:<br>Name:<br>Address:                 | ( ) Change ( ) Addition                |  |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VINODRAY MODHA P 04/07/2006