

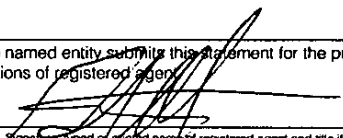
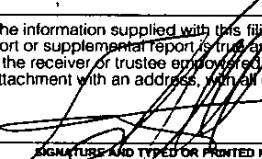


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 20, 2006 8:00 am**  
**Secretary of State**

07-20-2006 90001 035 \*\*\*150.00

<b>DOCUMENT # P05000162231</b> 1. Entity Name <b>YAMAMOTO HYPER THERMIC TECH USA, INC.</b>					
Principal Place of Business <b>8787 SOUTHSIDE BLVD #3712 JACKSONVILLE, FL 32256</b>			Mailing Address <b>8787 SOUTHSIDE BLVD #3712 JACKSONVILLE, FL 32256</b>		
2. Principal Place of Business <b>8787 SOUTHSIDE BLVD.</b>		3. Mailing Address <b>8787 SOUTHSIDE BLVD.</b>			
Suite, Apt., #, etc. <b>#3816</b>		Suite, Apt., #, etc. <b>#3816</b>		07132006    Chg-P    CR2E034 (11/05)	
City & State <b>JACKSONVILLE, FL.</b>		City & State <b>JACKSONVILLE, FL.</b>		4. FEI Number <b>72-1608757</b>	
Zip <b>32256</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TAJI, ABED F 8787 SOUTHSIDE BLVD #3712 JACKSONVILLE, FL 32256</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>8787 SOUTHSIDE BLVD. #3816</b>  City <b>JACKSONVILLE, FL</b> Zip Code <b>32256</b>	
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:  <b>ABED F. TAJI</b> <b>7-14-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
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 <b>FARO, CHARLES 8787 SOUTHSIDE BLVD #3712 3816 JACKSONVILLE, FL 32256</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TARIQ AL TAJI 8787 SOUTHSIDE BLVD # 3816 JACKSONVILLE, FL. 32256</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>ALKHATEEB, RAAFIAT S 8787 SOUTHSIDE BLVD #3712 3816 JACKSONVILLE, FL 32256</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SEHAM AL-TAJI 8787 SOUTHSIDE BLVD. #3816 JACKSONVILLE, FL. 32256</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>TAJIATEEB, ABEDAT F 8787 SOUTHSIDE BLVD #3712 3816 JACKSONVILLE, FL 32256</b>		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	
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	
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 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:  <b>ABED F. TAJI</b>			<b>7-14-06</b> 904-651-4222 <small>Date    Daytime Phone #</small>		

ATTACHMENT

40100216

#P05000162231

FLORIDA DIVISION OF CORPORATIONS  
P.O. Box 1500  
TALLAHASSEE, FL. 32302-1500

TO WHOM IT MAY CONCERN,

I AM REQUESTING TO RENEW MY CORPORATION,  
I DID NOT RECEIVE A NOTICE TO RENEW.  
I AM SENDING MY CHECK FOR THE \$150.00.

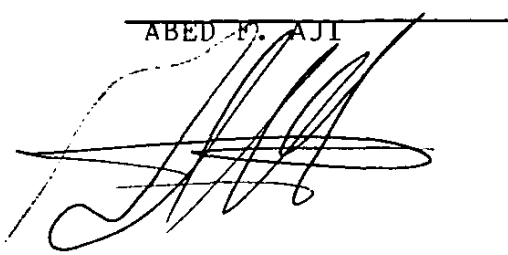
I AM ASKING TO BE SPARED THE PENALTY.

ANY QUESTIONS, JUST CALL 904-651-4222.

ALSO I HAVE NOTED THE CHANGE OF ADDRESS.

7-14-06  
DATE:

ABED P. AJI



STATE OF FLORIDA  
COUNTY OF DUVAL

SIGNED THIS 14<sup>th</sup> DAY OF July, 2006

David Leonard Sprouse  
NOTARY NAME DAVID LEONARD SPROUSE  
COM. EXPIRES 8-11-06

NOTARY PUBLIC - STATE OF FLORIDA  
DAVID LEONARD SPROUSE  
MY COMMISSION # DD 134257  
EXPIRES: August 11, 2006  
Bonded thru Florida Notary Services