


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2008 8:00 am
Secretary of State

08-26-2008 90001 050 ***550.00

DOCUMENT # P40440 1. Entity Name UV SALES, INC.	
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Principal Place of Business 24 LINK DRIVE ROCKLEIGH, NJ 07647 US	Mailing Address 24 LINK DRIVE ROCKLEIGH, NJ 07647 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. 24 Link Drive	Suite, Apt. #, etc. 24 Link Drive
City & State Rockleigh, NJ	City & State Rockleigh, NJ
Zip 07647	Country USA



08202008 Chg-P CR2E034 (12/06)

4. FEI Number 22-3185946	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOMMER, MICHAEL 24 LINK DRIVE ROCKLEIGH, NJ 07647 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YISH GANPATI 24 LINK DRIVE ROCKLEIGH, NJ 07647 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JOERGENSEN, JOERG 24 LINK DRIVE ROCKLEIGH, NJ 07647 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T, AS MASANARI INOUE 24 LINK DRIVE ROCKLEIGH, NJ 07647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T INOUE, MASANARI 24 LINK DRIVE ROCKLEIGH, NJ 07647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIKE SOMMERS 24 LINK DRIVE ROCKLEIGH, NJ 07647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRAY, DANIEL F 24 LINK DRIVE ROCKLEIGH, NJ 07647 <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	D MOON, PRESTON 24 LINK DRIVE ROCKLEIGH, NJ 07647 <input checked="" 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	AS FONG, JUSTIN J 24 LINK DRIVE ROCKLEIGH, NJ 07647 <input checked="" 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: Masanari Inoue **MASANARI INOUE** 8/24/08 201-750-5850 x200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #