


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-25-2007 90167 046 \*\*\*150.00

<b>DOCUMENT # P94000049032</b>		
1. Entity Name <b>PARCEL C-I DEVELOPMENT, INC.</b>		
Principal Place of Business <b>1285 AVENUE OF THE AMERICAS, 36TH FLOOR C/O TOMEN AMERICA, INC NEW YORK, NY 10019</b>	Mailing Address <b>1285 AVENUE OF THE AMERICAS, 36TH FLOOR C/O TOMEN AMERICA, INC NEW YORK, NY 10019</b>	

40073300



2. Principal Place of Business - No P.O. Box # <b>805 THIRD AVENUE</b> Suite, Apt. #, etc. <b>C/O Tomen America Inc.</b> City & State <b>NEW YORK, NY</b> Zip <b>10022</b> Country <b>USA</b>		3. Mailing Address <b>805 THIRD AVENUE</b> Suite, Apt. #, etc. <b>C/O Tomen America Inc.</b> City & State <b>NEW YORK, NY</b> Zip <b>10022</b> Country <b>USA</b>		4. FEI Number <b>13-3786400</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04192007 Chg-P CR2E034 (12/06)	

6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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 HOSOHARA, TETSUO 1285 AVENUE OF THE AMERICAS, 36TH FLOOR NEW YORK, NY 10019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D HOSOHARA, TETSUO 805 THIRD AVENUE NEW YORK, NY 10022 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARAIA, JOHN 1285 AVENUE OF THE AMERICAS, 36TH FLOOR NEW YORK, NY 10019 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MATSUO, TSUYOSHI 805 THIRD AVENUE NEW YORK, NY 10022 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PARRIS, RICHARD 1285 AVENUE OF THE AMERICAS, 36TH FLOOR NEW YORK, NY 10019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V T PARRIS, RICHARD 805 THIRD AVENUE NEW YORK, NY 10022 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HIRATA, MINORU 1285 AVE. OF THE AMERICAS-36F1 NEW YORK, NY 10019 <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	D WADA, AKIRA 1285 AVENUE OF THE AMERICAS, 36TH FL NEW YORK, NY 10019 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ETO, DAISUKE 805 THIRD AVENUE NEW YORK, NY 10022 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARAIA, JOHN 1285 AVENUE OF THE AMERICAS, 36TH FL NEW YORK, NY 10019 <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:** T. Hosohara **T. HOSOHARA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **- PRESIDENT**

**04/20/07** **(212) 355-3600**  
Date Daytime Phone #