

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000089597

FILED  
Jul 06, 2009  
Secretary of State

Entity Name: BOWMURAI INTERNATIONAL, INC.

## Current Principal Place of Business:

25440 STATE ROAD 70  
MYAKKA CITY, FL 34251

## New Principal Place of Business:

## Current Mailing Address:

25440 STATE ROAD 70  
MYAKKA CITY, FL 34251

## New Mailing Address:

FEI Number: 65-0793576

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KAWAKAMI, SHIN M  
10989 N.W. LILLY COUNTYLINE ROAD  
ONA, FL 33865 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: MURAI, HARUYAKI  
Address: 25440 STATE ROAD 70  
City-St-Zip: MYAKKA CITY, FL 34251

Title: P ( ) Delete  
Name: BOWMAN, KEVIN  
Address: 25440 STATE ROAD 70  
City-St-Zip: MYAKKA CITY, FL 34251

Title: T ( ) Delete  
Name: BOWMAN, KATHERINE  
Address: 25440 STATE ROAD 70  
City-St-Zip: MYAKKA CITY, FL 34251

Title: S ( ) Delete  
Name: KAWAKAMI, SHIN M  
Address: 10989 N.W. LILLY COUNTYLINE ROAD  
City-St-Zip: ONA, FL 33865

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SHIN M. KAWAKAMI

S

07/06/2009

Electronic Signature of Signing Officer or Director

Date