


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000076293	
1. Entity Name SOMEC CORPORATION	

Principal Place of Business 140 ATLANTIC DRIVE MAITLAND, FL 32751	Mailing Address 140 ATLANTIC DRIVE MAITLAND, FL 32751
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DO NOT WRITE IN THIS SPACE

01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3530417	Applied For <input type="checkbox"/> 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 32301-2525	DO NOT WRITE IN THIS SPACE
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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 _____ DATE **01/17/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	01/17/07-80070-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YAMAGUCHI, HISAKAZU 2-1-10 NIHONBASHI CHUO, TOKYO, JAPAN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YAMAGUCHI, ISAMU 2-1-10 NIHONBASHI CHUO, TOKYO, JAPAN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YAMAGUCHI, MOTOZU 2-4-1 KITA-KYUHOJI-MACHI CHUO-KU, OSAKA, JAPAN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HARIG, KLAUS 194 SAND KEY ESTATE DR CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ORGERON, G.J 4435 WATERSIDR POINTE CIRCLE ORLANDO, FL 32829
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 _____