2006 FOR PROFIT CORPORATION

ANNUAL REPORT FILED DOCUMENT # P99000004274 Apr 24, 2006 08:00 AM Secretary of State LITTLE TOKYO OF CITRUS PARK, INC. Principal Place of Business Mailing Address 8017 CITRUS PARK TOWN CENTER 13310 N 56TH ST. TAMPA, FL 33617 STE 2010 TAMPA, FL 33625 01172006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3551798 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PHAM-DIEP, TRUNG Q DO NOT WRITE 9748 LAKE CHASE ISLAND WAY TAMPA, FL 33626 IN THIS SPACE 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. Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PHAM-DIEP, TRUNG Q NAME STREET ADDRESS 8017 CITRUS PARK TOWN CENTER #2010 U00000527468 CITY-ST-ZIP TAMPA, FL 33625 05/04/06-80116-001 150.00 TITLE VΡ NAME KIM, WON STREET ADDRESS 1731 GLEN LAKE BLVD CITY-ST-ZIP SAINT PETERSBURG, FL 33702 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

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 fike empowered.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR