

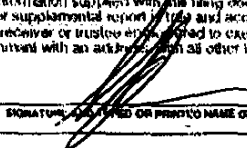
Apr 20 04 12:16p

Kent Huffman Esq

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90982 010 \*\*\*158.75

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                                                                                                                                                                                               |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| DOCUMENT # P99000085626                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                              |  |
| 1. Entity Name<br>TOKAI TAI HOLDINGS, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                                                                                                                                                                                               |  |
| Principal Place of Business<br>C/O KENT HUFFMAN ESQ.<br>350 ROYAL PALM WAY #409<br>PALM BEACH, FL 33480 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      | Mailing Address<br>C/O KENT HUFFMAN ESQ.<br>350 ROYAL PALM WAY #409<br>PALM BEACH, FL 33480 US                                                                                                |  |
| DO NOT WRITE IN THIS SPACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                                                                                                                                                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      | 04202004 No Chg-P CR2E034 (10/03)<br>4. FEI Number<br>65-1089230<br>Applied For<br>Not Applicable<br>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent<br><br>HUFFMAN, KENT ESQ<br>350 ROYAL PALM WAY<br>SUITE 409<br>PALM BEACH, FL 33480                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      | DO NOT WRITE 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.<br>SIGNATURE _____ DATE _____<br><small>(Signature, type or printed name of registered agent and fee if applicable) (NOTE: Registered Agent's signature required when registering)</small>                                                                                                                                                                                                                        |                      |                                                                                                                                                                                               |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fee                                                                                 |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      | DO NOT WRITE IN THIS SPACE                                                                                                                                                                    |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PSD                  |                                                                                                                                                                                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ROSS, GARY           |                                                                                                                                                                                               |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | P.O. BOX 767         |                                                                                                                                                                                               |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PALM BEACH, FL 33480 |                                                                                                                                                                                               |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                                                                                                                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                                                                                                                                               |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                                                                                                                                               |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                                                                                                                                                                                               |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                                                                                                                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                                                                                                                                               |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                                                                                                                                               |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                                                                                                                                                                                               |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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, such as other like empowered. |                      |                                                                                                                                                                                               |  |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      | 4.22.04<br><br><small>SIGNATURE OF REGISTERED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR</small>       |  |

24055491



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DATE

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 Trust Fund Contribution ☐

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 Added to Fee

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 NAME  
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 CITY-ST-ZIP  
 PSD  
 ROSS, GARY  
 P.O. BOX 767  
 PALM BEACH, FL 33480

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
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 CITY-ST-ZIP

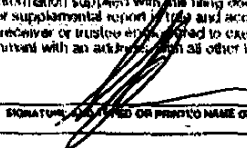
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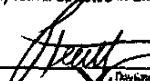
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SIGNATURE: 

SIGNATURE OF REGISTERED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

4.22.04

Date



Daytime Phone