2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 10, 2008 08:00 A Secretary of State DOCUMENT # P99000093952 1. Entity Name ICHIBAN SUSHI, INC. Mailing Address Principal Place of Business 4401-NW 25TH PLACE #J 4401-NW 25TH PLACE #J GAINESVILLE, FL 32608 GAINESVILLE, FL 32608 No Chg-P CR2E034 (11/05) 02272008 Applied For 4. FEI Number 59-3602871 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent YOUNG, DAVID C DO NOT WRITE 4401 NW 25TH PLACE #J GAINESVILLE, FL 32608 IN THIS SPACE **全国性化学等** 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE U00000853192 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 7A7N8-80060-008 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME YOUNG DAVID C STREET ADDRESS 4401 NW 25TH PL #J CITY-ST-ZIP GAINESVILLE, FL 32608 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: Z

FILED

Daytime Phone #