## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# S27084

FILED Apr 13, 2009 Secretary of State

Entity Name: RIDGEBACK INVESTMENTS, INC.

Current Principal Place of Business:		New Principal Place of Business:		
39248 B A ZEPHRYH	VE IILLS, FL 3354	2		
Current Mailing Address:		New Mailing Address:		
19601 BRI TAMPA, F	JCE B DOWN L 33647	BLV		
FEI Number	: 59-3045694	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
	VE IILLS, FL 3354			
	named entity s e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,
SIGNATUI	RE:			
		is Cianastone of Descietance Asso	ant	Date
	Electron	ic Signature of Registered Age	2111	Date
Election Car		ic Signature of Registered Age i Trust Fund Contribution ( ).	511L	Bate
		Trust Fund Contribution ( ).		GES TO OFFICERS AND DIRECTORS:
OFFICER Title: Name: Address:	mpaign Financing	Trust Fund Contribution ( ).  FORS:  Delete  DHAKATA KU		
OFFICER: Title: Name: Address: Dity-St-Zip: Title: Name: Address:	PD () DOI, KUNIO 2-17-21 MUGIN FUKUOKA-SHI,	Trust Fund Contribution ( ).  FORS:  Delete  O HAKATA KU JAPAN,  Delete	ADDITIONS/CHANG Title: Name: Address:	GES TO OFFICERS AND DIRECTORS:
	PD () DOI, KUNIO 2-17-21 MUGIN FUKUOKA-SHI, VPD () DOI, FUMIHIRO 39248 B AVE ZEPHYRHILLS,	Trust Fund Contribution ( ).  FORS:  Delete  O HAKATA KU  JAPAN,  Delete  FL 33542  Delete	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	GES TO OFFICERS AND DIRECTORS:  ( ) Change ( ) Addition
OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	PD () DOI, KUNIO 2-17-21 MUGIN FUKUOKA-SHI, VPD () DOI, FUMIHIRO 39248 B AVE ZEPHYRHILLS, S () DOI, XELLA 39248 B AVE ZEPHYRHILLS,	Trust Fund Contribution ( ).  FORS:  Delete  O HAKATA KU JAPAN,  Delete  FL 33542  Delete  FL 33442  Delete	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	GES TO OFFICERS AND DIRECTORS:  ( ) Change ( ) Addition  ( ) Change ( ) Addition

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: FUMI DOI P 04/13/2009