

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S89941

Entity Name: NEOGLYPHIKS, INC.

FILED
Apr 05, 2005
Secretary of State

Current Principal Place of Business:

13906 FIJI WAY, #145
MARINA DEL REY, CA 90292 US

Current Mailing Address:

13906 FIJI WAY, #145
MARINA DEL REY, CA 90292 US

New Principal Place of Business:

13906 FIJI WAY
#145
MARINA DEL REY, CA 90292 US

New Mailing Address:

13906 FIJI WAY
#145
MARINA DEL REY, CA 90292 US

FEI Number: 59-3090356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSON, WADE F. JR.
250 N ORANGE AVE
ELEVENTH FLOOR
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: TAKAYAMA, MICHAEL L.,
Address: 13906 FIJI WAY STE 145
City-St-Zip: MARINA DEL REY, CA 90292

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: TAKAYAMA, MICHAEL L
Address: 13906 FIJI WAY #145
City-St-Zip: MARINA DEL REY, CA 90292 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL L TAKAYAMA

PRES

04/05/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date