

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

| " In accordance with R.I.G.L., 7-1.2-<br>subject to a penalty fee of \$25.00.  | 1501(e), each corporation fi | ailing or refusing to file its ann | ual report within thirty (30) days               | after the time prescribed by law (  | R.I.G.L. 7-1.2-15Q((c&d)) is                                    |
|--|------------------------------|------------------------------------|--|-------------------------------------|---|
| 1. Corporate ID No. 2. Name of Corporation   |                              |                                    |  |                                     | SC T  |
| 3. Street Address Principal Business C   | KAEGAI                       | O Corporation                      | <del></del>                                      | To                                  | 3 32 6  |
|  |                              | Say, Suite 164                     | Octando  | State<br>F L                        | 第388元   |
| 4. Business Phone No.  | <u>, 011 / 00 ((0</u>        | 5. State of Incorporation          | 1 Orlando  |                                     |   |
| 407-363-3636 Florida   |                              |                                    |  |                                     |   |
| 6. Brief Description of the Character of Business Conducted in Rhode Island  |                              |                                    |  |                                     |   |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS   |                              |                                    |  |                                     |   |
| President Name   |                              |                                    | Vice President Name                              | TOLO BLI ONE COLITO III             | 36  |
| Shirley A. Wolf  |                              |                                    | James R. Taylor                                  |                                     |   |
| Street Address 12000 he search Parkway, Suite 164  |                              |                                    | Street Address 12000 Research Parkway, Suite 164 |                                     |   |
| City Orlando   | State<br>F L                 | zip<br>3282ω                       | City Orlando                                     | State<br>F                          | <i>zφ</i><br>32826  |
| secretary Name  huley A. Wolf  |                              |                                    | Robert T. Hearn                                  |                                     |   |
| Street Address 12000 Research Parkway Swite 164  |                              |                                    | Street Address                                   |                                     |   |
|  |                              | ay Juste 164                       | <del></del>                                      |                                     | ,   |
| City Orlando   | State F                      | 32826                              | Orlando  | State<br>F L                        | 32826   |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS ()]  |                              |                                    |  |                                     |   |
| Shirley A. Wolf  |                              |                                    | Director Name 1                                  |                                     |   |
| Street Address   |                              |                                    | Street Address                                   |                                     | 5   |
| 12000 Research Parkway Suite 164   |                              |                                    |  | ,                                   | S   |
| City Oxlando   | State FL                     | 32826                              | City   | State                               | <b>22a 3 3 3 3 3 3 3 3 3 3</b>                                  |
| Director Name  | 1                            | .]92024                            | Director Name                                    | l                                   |   |
|  |                              |                                    |  |                                     | <b>\?</b> □   |
| Street Address   |                              |                                    | Street Address                                   |                                     | <b>*</b>  |
| City.  | State                        | Zip                                | Clty   | State                               | Zip   |
| 9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  |                              |                                    |  |                                     |   |
|  |                              |                                    | ISSUED SHARES — THIS SECT  Number of Shares      | ION MUST BE COMPLETED  Class/Series | Par Value,  |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.   |                              |                                    |  |                                     | B OT  |
|  |                              |                                    | 1500   | Common                              | 金田の一  |
|  |                              |                                    | w Book Williams                                  |                                     | B SEC   |
| This report must be executed   | on behalf of the corp        | oration by an authorize            | d representative. If the cor                     | poration is in the hands o          | f a receiver or trustee,  |
| this report must be executed on behalf of the corporation by the receiver or trustee.  |                              |                                    |  |                                     |   |
|  |                              |                                    |  |                                     | # 800 D   |
|  | -                            |                                    | ***  |                                     |   |
|  | FILED                        |                                    |  |                                     | t I have examined this report<br>ments, and that all statements |
| contained Aerein are true and correct.   |                              |                                    |  |                                     |   |
| File Date  | FE <b>R 0-2</b> 2009         | kcD                                | 1/06   |                                     | 11/4/00   |
| Charle No.   |                              | 1 - 1                              | Signatur   | 1                                   | Date  |
| Check No.  | MAYOFA                       | <del>'</del> Μ'                    |  | eain                                |   |
| By:  | -WMW                         | (X, ) —                            | Print or Type Name                               |                                     |   |
| Proceedings to a section of the sect |                              | ( )                                |  |                                     |   |