


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90034 007 ***150.00

DOCUMENT # F98000004319
 1. Entity Name
DNP IMS AMERICA CORPORATION



Principal Place of Business
**4524 ENTERPRISE DRIVE NW
 CONCORD, NC 28027**

Mailing Address
**4524 ENTERPRISE DRIVE NW
 CONCORD, NC 28027**

0003302

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country Zip Country



07062005 Chg-P CR2E034 (10/03)

4. FEI Number
62-1575799

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME KOIKE, MASATO STREET ADDRESS 4524 ENTERPRISE DRIVE NW CITY-ST-ZIP CONCORD, NC 28027	<input type="checkbox"/> Delete	TITLE ST NAME Nakagaki, Jun STREET ADDRESS 4524 Enterprise Dr. NW CITY-ST-ZIP Concord, NC 28027	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE CD NAME KAMEI, KUNIAKI STREET ADDRESS 4524 ENTERPRISE DRIVE NW CITY-ST-ZIP CONCORD, NC 28027	<input checked="" type="checkbox"/> Delete	TITLE CD NAME Kashiwabara, Shigeru STREET ADDRESS 4524 Enterprise Dr. NW CITY-ST-ZIP Concord, NC 28027	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME KURODA, YUJIRO STREET ADDRESS 4524 ENTERPRISE DRIVE NW CITY-ST-ZIP CONCORD, NC 28027	<input type="checkbox"/> Delete	TITLE PD NAME Koiky, Masato	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME SUZUKI, TAKAO STREET ADDRESS 4524 ENTERPRISE DRIVE NW CITY-ST-ZIP CONCORD, NC 28027	<input type="checkbox"/> Delete	TITLE D NAME Suzuki, Takao	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME OTAKE, FUMIO STREET ADDRESS 4524 ENTERPRISE DRIVE NW CITY-ST-ZIP CONCORD, NC 28027	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME ZAIZEN, HIDEOMI STREET ADDRESS 4524 ENTERPRISES DRIVE NW CITY-ST-ZIP CONCORD, NC 28027	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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, with all other like empowered.

SIGNATURE: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR