

H

335 Merchant Street

Mailing Address: Annual Filing, P.O. Box 113600, Honolulu, HI. 96811

DOMESTIC NONPROFIT CORPORATION ANNUAL REPORT AS OF APRIL 1, 2005  
CORPORATE NAME AND MAILING ADDRESS:

IOND UNIVERSITY  
140 LILIUOKALANI STE 107  
HONOLULU HI 96815

918 06285390 34 6/29/05 5 00

If the above mailing address has changed, line out and print change to the right.

If address of principal office differs from the above mailing address, state the address of principal office. Include City, State, and Zip Code: \_\_\_\_\_

1. The following is a brief description of the nature of activities which the corporation is actually conducting.

NATURE OF ACTIVITIES: TO PROVIDE & CONDUCT EDUCATION & TRAINING IN THE ARTS & SCIENCE OF HYPNOTISM AS WELL AS OTHER ARTS & SCIENCES IN PURSUIT OF MUTUAL UNDERSTANDING, FRIENDSH

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

2. Street address of the registered office in Hawaii and the name of the registered agent at that address. (If any change, line out and print change on the right. See reverse for instructions.) After any changes made, the street addresses of its registered office and agent shall be identical.

IKUO NAKANO  
140 LILIUOKALANI STE 107  
HONOLULU HI 96815

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of three directors.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	ADDRESS (INCLUDE CITY, STATE & ZIP CODE)
P	MORISHITA, ISAO	206A MEZON ICHIFURU, 324 SUEKI ICHIMIYAMACHI, YASHIROGUN Y
V/D	NAKANO, IKUO	105, 3-13-8 YAMATO-MACHI NAKANO-KU TOKYO
S	KOMATSU, JOJI	687-2 JOUGASHIMA MISAKI-CHO MIURA-SHI KANAGAWA-KEN 238-(
T	ONOSE, MASATOSHI	2-33-1-103 NOBI YOKOSUKASHI KANAGAWA-KEN
D	AKITA, HARUYO	2-35-15 KOENJIMINAMI SUGINAMI-KU TOKYO 166-0003

RECEIVED  
BUSINESS REGISTRATION  
DIVISION  
JUN 29 12:54  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION  
STATE OF HAWAII

07/07/200521362

NO CHANGES: Do not check this box if changes have been made above. (Checking this box means there are no changes reported. The Department will not be held responsible for any changes made to this report

CERTIFICATION

I certify under the penalties of Section 414D-12, Hawaii Revised Statutes, that I have read the above, the information is true and correct, and I am authorized to sign this report.

DATE: 6/13/05 [Signature] ARNOB GARCIA  
Signature of authorized officer, attorney-in-fact for an officer, or receiver or trustee (if the corporation is in the hands of a receiver or trustee) Print Name

FILE NO. 0115146D2 Rev. 7/2004 2005 B18 B22 5

File this Original (SEE REVERSE SIDE FOR INSTRUCTIONS)

DOMESTIC NONPROFIT CORPORATION  
FILING FEE: \$ 5.00

# STATE OF HAWAII

RETURN ORIGINAL BY JUNE 30

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION

H

335 Merchant Street  
Mailing Address: Annual Filing, P.O. Box 113600, Honolulu, HI. 96811

DOMESTIC NONPROFIT CORPORATION ANNUAL REPORT AS OF APRIL 1, 2005

CORPORATE NAME: IOND UNIVERSITY

## CONTINUATION OF OFFICERS/DIRECTORS

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	ADDRESS (INCLUDE CITY, STATE & ZIP CODE)
D	GARCIA,ARNOLD L JR	1420 WARD AVE #A HONOLULU HI 96822
D	SATO,KOJI	3-18-12-205 NOGATA, NAKANU-KU TOKYO
D	SASAKI,CHINATSU	2-35-15 KOENJIMINAMI SUGINAMI-KU TOKYO 166-0003

07/07/200521364