

H

335 Merchant Street

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

DOMESTIC NONPROFIT CORPORATION ANNUAL REPORT AS OF APRIL 1, 2006
CORPORATE NAME AND MAILING ADDRESS:

IOND UNIVERSITY
140 LILIUOKALANI STE 107
HONOLULU HI 96815

011 0011662 13- 1/30/06 5.00

07/05/200620211

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, FRIENDS!

(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

RECEIVED
BUSINESS REGISTRATION
DIVISION
JUN 30 A 10:16

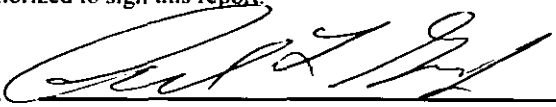
3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of three directors.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	ADDRESS (INCLUDE CITY, STATE & ZIP CODE)
P	SHIMIZU, TOHRU	3-138-8-303 ENJURY NAKANO YASATO-CHO NAKANO-KU TOKYO
V	NAKANO, IKUO	3-138-8-303 ENJURY NAKANO YASATO-CHO NAKANO-KU TOKYO
T	KOMATSU, JOJI	
D	GARCIA, ARNOLD D JR	1420 WARD AVE #A HONOLULU HI 96822
D	ONOSE, MASATOSHI	1-4-2-302 MINAMI, ASAGAYA SUGINAMI-KU TOKYO

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: 6/30/06  Arnold C Garcia Jr
Signature of authorized officer, attorney-in-fact for an officer, or receiver or trustee
Print Name
(if the corporation is in the hands of a receiver or trustee)

FILE NO. 0115146D2
Rev. 7/2004

B18 5.00
B22 2006



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(SEE REVERSE SIDE FOR INSTRUCTIONS)



07/05/200620211

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, 2006

CORPORATE NAME: IOND UNIVERSITY

CONTINUATION OF OFFICERS/DIRECTORS

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	ADDRESS (INCLUDE CITY, STATE & ZIP CODE)
D	KAWAZOE,HIROKI	5-6-35-404 YASHIO SHIGAWA-KU TOKYO

07/05/200620213

07/05/200620213