# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 27, 2006 8:00 am**
**Secretary of State**
01-27-2006 90035 034 ***158.75

DOCUMENT # 841560

1. Entity Name
CALEB BRETT U.S.A., INC.

60007503

| Principal Place of Business | Mailing Address |
|---|---|
| 2200 W. LOOP S., SUITE 200<br>ATTN: CHRISTIE SORENSON<br>HOUSTON, TX 77027 US | 2200 W. LOOP S., SUITE 200<br>ATTN: CHRISTIE SORENSON<br>HOUSTON, TX 77027 US |

01162006 Chg-P CR2E034 (11/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Attn: Julieta Alzate | Attn: Julieta Alzate |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 72-0703433 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM
1200 S. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2006 Fee will be $550.00**

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

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>MACKIN, BRENT V.<br>524 VASSAR AVENUE<br>SWARTHMORE, PA 19081 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>ROUSELL, KIM P<br>135 OAKLAND CT.<br>GARYVILLE, LA | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>LEES, GRAHAM<br>19710 CARDIFF PARK LANE<br>HOUSTON, TX 77094 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V/D | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CFO<br>GUTIEREEZ, LEO<br>179 E LANSDOWNE CIRCLE<br>THE WOODLANDS, TX 77382 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CFO/D<br>Gutierrez, Leo | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>GUTIERREZ, JAY<br>310 PINNACLE COVE CT.<br>LEAGUE CITY, TX 77573 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P/D | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>DORNAK, MARK<br>9422 SPEARMAN<br>HOUSTON, TX 77040 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** X _____ 1/16/06 713-407-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #