


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90004 008 ***158.75

DOCUMENT # F04000000384

1. Entity Name
BREITLING U.S.A. INC.



Principal Place of Business Mailing Address
HANGAR 7, 206 DANBURY ROAD **HANGAR 7, 206 DANBURY ROAD**
WILTON, CT 06897 **WILTON, CT 06897**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



05242005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
06-1275901 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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. <input type="checkbox"/>	\$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.
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHNEIDER, THEODORE			NAME			
STREET ADDRESS	SCHLACHTHAUSSTRASSE			STREET ADDRESS			
CITY-ST-ZIP	CH- 2450 GRENCHEWITZERLAND,			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FECKER, BEAT			NAME			
STREET ADDRESS	SCHLACHTHAUSSTRASSE			STREET ADDRESS			
CITY-ST-ZIP	CH- 1296 COPPET SWITZERLAND,			CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BODMAN, MARIE			NAME			
STREET ADDRESS	931 PONUS RIDGE ROAD			STREET ADDRESS			
CITY-ST-ZIP	NEW CANAAN, CT 06840			CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GREBERT, YVES			NAME	Sebastien Amstutz		
STREET ADDRESS	24 JOG HILL ROAD			STREET ADDRESS	31 Fox Run		
CITY-ST-ZIP	TRUMBELL, CT 06611			CITY-ST-ZIP	Wilton, CT 06897		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:  **SEBASTIEN AMSTUTZ** 05/24/05 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #