## FILED Mar 17, 2008 8:00 am Secretary of State 03-17-2008 90024 005 \*\*\*150.00

2008 FOR PROFIT CORPORATION

ANNUAL REPORT							05-17-2000	2002-100	J 13	0.00
DOCUMENT # F9300000210  1. Entity Name CORIN USA LIMITED, INC.						400	47296			
Principal Place of Business Mailing Address THE CORINIUM CENTRE 10500 UNIVERSITY CTR. 0			DDIVE		TEST	400	3,000			
CIRENCHESTER, GLOUCESTERSHIRE GL7 1YJ ENGLAND, UK GL7 1-YJ UK		SUITE 190 TAMPA, FL 33612					INIEN MIII NEIM NOMA NOM			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03062008	Chg-P	CR2E03	4 (12/06)	·	
City & State		City & State			•	4. FEI Number 59-3340			<u> </u>	pplied For ot Applicable
Zip	Country	Zip	Count	try		5. Certificate of	of Status Desired		8.75 Add ee Require	
6. Name and Address of Current Registered Agent						7. Name and	Address of New R	egistered A	gent	
MCCAULEY, COLIN				Name Street Address (P.O. Box Number is Not Acceptable)						
10500 UNIVERSITY CENTER DRIVE SUITE 190 TAMPA, FL 33612				Street Ac	aaress ()	P.U. Box Numbel	r is Not Acceptable	*)		
TAMPA, F			City			. ,	FL	Zìp Cod	e	
	named entity submits this statement for	register	ed agent, or both	n, in the State of Flo		miliar with,	and accept			
the obligations of registered agent.  SIGNATURE										
	Signature, typed or printed name of registered agent	and little if applicable. (NOTE: R	egistered	d Agent signatu	beriuper en	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/	HANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE NAME	MD PALING, IAN	🔀 Delete	TITLE NAME	1					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	,,,			ET ADDRESS - ST - ZIP						
TITLE	T	☐ Detete	TITLE		Ţ,_	- Hectle			X Change	Addition
NAME STREET ADDRESS	_ · · · · ·			E Et address	wills.	word House	Birchley	Road.	-Chelt	enham
CITY-ST-ZIP	•			-ST-ZIP	Glov	Lestersh	ire GLS	2 61	4	
TITLE NAME	FC COLIN, MCCAULEY	☐ Delete	TITLE			-	·		Change	Addition
STREET ADDRESS	15916 MARSHFIELD DRIVE		STREE	ET ADDRESS						
CITY-ST-ZIP	TAMPA, FL 33624	O page	-	- \$1 - ZIP					☐ Change	- Addition
TITLE NAME		☐ Delete	NAME	1					change	Addition
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TITLE NAME		☐ Delete	TITLE						☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREE	ET ADDRESS - St - ZIP						
TITLE		☐ Delete	TITLE	·					☐ Change	Addition
NAME STREET ADDRESS			STREE	et address						
CITY-ST-ZIP	Certify that the information supplied with	this filing does not qualify for t		-ST-ZIP	ontained	Lin Chanter 110	Florida Statutes 1	further certif	v that the i	aformation
12. I hereby certify that the information supplied with this filling 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: John Many Colin McCaulty 3/12/08 513-979-4469 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date DaySurge Prone 4										