


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F9400000221</b> 1. Entity Name WEDGWOOD USA INC.	
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Principal Place of Business 1330 CAMPUS PKY. NEPTUNE, NJ 07753	Mailing Address 1330 CAMPUS PKY. NEPTUNE, NJ 07753
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**DO NOT WRITE IN THIS SPACE**



04022007 No Chg-P CR2E034 (11/05)

4. FEI Number 22-3268915	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ U00000721318  
05/01/07-80142-001 150.00  
Signature, typewritten or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

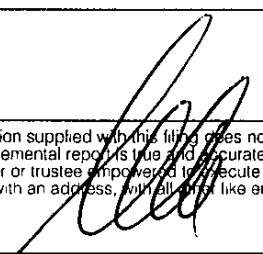
**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOLEY, JOHN 1330 CAMPUS PKWY NEPTUNE, NJ 07753
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CARROLL, ROBERT T 1330 CAMPUS PKY. NEPTUNE, NJ 07753
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 reports 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:**  Robert T. Carroll 732-932-5800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #