2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State
04-19-2007 90415 009 ****61.25

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1. Entity Name
ARMONIA U.S., INC.

Principal Place of Business	Mailing Address
5576 MILLBROOK DRIVE WILLIAMSBURG, MI 49690 US	5576 MILLBROOK DRIVE WILLIAMSBURG, MI 49690 US

04132007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
200 South Orange Avenue	200 South Orange Avenue
Suite, Apt. #, etc.: 2600	Suite, Apt. #, etc.: Suite 2600
City & State: Orlando, Florida	City & State: Orlando, Florida
Zip: 32801 Country: U.S.A.	Zip: 32801 Country: U.S.A.

4. FEI Number: 20-2302015 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WHITE, W. GRAHAM
250 PARK AVENUE SOUTH
5TH FLOOR
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name: James E.L. Seay
Street Address (P.O. Box Number is Not Acceptable): 200 South Orange Avenue
Suite 2600
City: Orlando **FL** Zip Code: 32801

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: _____ 4/16/07
Signature, typed or printed name of registered agent and title if applicable: James E.L. Seay (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DR. HAWKINS, LEE W PRES 5576 MILLBROOK DRIVE WILLIAMSBURG, MI 49690	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mr. James E.L. Seay c/o Holland & Knight, 200 So. Orange Ave.,Ste.2600 Orlando, FL 32801	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DR. ZIEGLER, KAREN B TREAS 114 SATSUMA DRIVE ALTAMONTE, FL 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ms. Mary Clark 1901 Tournament Drive Apopka, FL 32712	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MR. MATTHEWS, OWEN VP 2034 COVE TRAIL WINTER PARK, FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Saul Cruz c/o Organizacion Armonia, AC Boulevard Ojo de Agua Mz.32 Lt.2 Hacienda Ojo de Agua, Tecamac, Edo.Mex. c.p. 55770, Mexico	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MS. HAWKINS, JANE A SECR. 5576 MILLBROOK DRIVE WILLIAMSBURG, MI 49690	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MR. GRIFFITH, CHARLES 185 ST. ANDREWS DRIVE FRANKLIN, TN 37069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Eidi Cruz c/o Organizacion Armonia, AC Boulevard Ojo de Agua Mz.32 Lt.2 Hacienda Ojo de Agua, Tecamac, Edo.Mex. c.p. 55770, Mexico	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 617, 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: _____ James E.L. Seay 4/16/07 4072441117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #