

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90277 013 ***150.00

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1. Entity Name
AMSPROP USA HOLDING, INC.

Principal Place of Business
**2070 NORTH OCEAN BLVD. #3
 BOCA RATON, FL 33429**

Mailing Address
**2070 NORTH OCEAN BLVD. #3
 BOCA RATON, FL 33429**

50006088



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03202006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number
05-0551213

Applied For
 Not Applicable

Zip **33431** Country

Zip **33431** Country

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

**LEVIN, ZVI
 2070 NORTH OCEAN BLVD. #3
 BOCA RATON, FL 33429**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code **33431**

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 _____ (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 **D** Delete
 NAME **SUGAR, SIR A**
 STREET ADDRESS **POST OFFICE BOX 4110**
 CITY-ST-ZIP **BOCA RATON, FL 33429**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SUGAR, DANIEL**
 STREET ADDRESS **POST OFFICE BOX 4110**
 CITY-ST-ZIP **BOCA RATON, FL 33429**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BARON, LOUISE**
 STREET ADDRESS **POST OFFICE BOX 4110**
 CITY-ST-ZIP **BOCA RATON, FL 33429**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SANDY, COLIN MR.**
 STREET ADDRESS **POST OFFICE BOX 4110**
 CITY-ST-ZIP **BOCA RATON, FL 33429**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: ZVI LEVIN 3/20/06 561-391-9233
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #