

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000020712

Entity Name: OLAINFARM USA INC

FILED
Mar 11, 2009
Secretary of State

Current Principal Place of Business:

451 SW SQUIRE JOHNS LN
BLDG #2
PALM CITY, FL 34990

New Principal Place of Business:

451 SW SQUIRE JOHNS LN
BLDG #2
PALM CITY, FL 349907822 US

Current Mailing Address:

C/O MICHAEL R REPOLI - PO BOX 881051
ST. LUCIE WEST, FL 34988

New Mailing Address:

FEI Number: 22-3629065 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZELKIN, VLAD
451 SW SQUIRE JOHNS LN
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

ZELKIN, VLAD
451 SW SQUIRE JOHNS LN
PALM CITY, FL 349907822 US

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.

SIGNATURE: _____ 03/11/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: ZELKIN, VLAD
Address: 451 SW SQUIRE JOHNS LN
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: ZELKIN, VLAD
Address: 451 SW SQUIRE JOHNS LN
City-St-Zip: PALM CITY, FL 349907822 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VLAD ZELKIN DIR 03/11/2009
Electronic Signature of Signing Officer or Director Date