

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000065218

FILED
Mar 19, 2009
Secretary of State

Entity Name: WORCESTER ENTERPRISES USA, INC.

Current Principal Place of Business:

HERBERT SAMUEL STREET 36,
APT 82
TEL AVIV ISRAEL, 68018

New Principal Place of Business:

HERBERT SAMUEL STREET 36,
APT 82
TEL AVIV ISRAEL, -- 68018

Current Mailing Address:

HERBERT SAMUEL STREET 36,
APT 82
TEL AVIV ISRAEL, 68018

New Mailing Address:

HERBERT SAMUEL STREET 36,
APT 82
TEL AVIV ISRAEL, -- 68018

FEI Number: 65-0518009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COPROLITE CORPORATION
ONE SOUTHEAST THIRD AVENUE
SUITE 2130
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MALKINE, VITALI
Address: 20 FARRINGTON DRIVE
City-St-Zip: TORONTO, ON M2L 2B6 CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MALKIN, VITALY
Address: HERBERT SAMUEL STREET 36, APT 82
City-St-Zip: TEL AVIV ISRAEL, -- 68018

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: VITALY MALKIN

DP

03/19/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date