

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 12, 2006 8:00 A.M.**  
**Secretary of State**

**DOCUMENT # P95000014351**  
 1. Entity Name  
**CE USA PROPERTY DEVELOPMENT CORPORATION**



Principal Place of Business      Mailing Address  
 1616 102 S CAPE COOL PKWY      1616 102 S CAPE COOL PKWY  
 CAPE CORAL, FL 33914              CAPE CORAL, FL 33914

**DO NOT WRITE IN THIS SPACE**



06042006    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>65-055586</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**BORGMANN, CLAU**  
 1616 102 S CAPECOVAL PKWY  
 CAPE CORAL, FL 33914

**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:       DATE: **6/3/06**

Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**


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

In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.

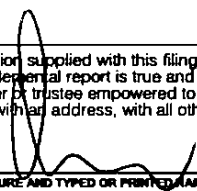
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST BORGMANN, CLAU 1616 102 CAPECORAL PKWY CAPE CORAL, FL 33914
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**500076067705**  
 06/12/06--01016--001    \*\*150.00

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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:       **Claus Borgmann**      DATE: **6/3/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #