2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 08:00 AM
Secretary of State

1. Entity Name RING USA, INC.



Principal Place of Business

1912 #C CALUMET CLEARWATER, FL 33765 US Mailing Address

1912 CALUMET

CLEARWATER, FL 33765



01252007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3374489

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

KELLER, KLAUS 1912 CALUMET #C CLEARWATER, FL 33765

SIGNATURE:

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 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 After May 1, 2007 Fee will be \$550.00 9. Election Campalgn Finan Trust Fund Contribution.			cing \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS	the second of the	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLER, KLAUS 1615 ST. PAUL'S DRIVE CLEARWATER, FL 34624			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RING, ANDREAS 1912 CALUMET CT CLEARWATER, FL 33765			U00000665892 03/23/07-80048-016 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RING, MATHIAS 1912 CALUMET #C CLEARWATER, FL 33765		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-S1-ZIP	•		IN ⁻	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, , , , , , , , , , , , , , , , , , , ,		
12. I hereby certify that the information supplied with this filling 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 attachingor, with an address, with all other like empowered.				

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR