## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 14, 2008 8:00 am Secretary of State

DOCUMENT # P96000029739  1. Entity Name RING USA, INC.								•	07-14-2	2008 90	0025 0	13 ***150	0.00			
Principal Place of Business Mailing Address							٠.									
1912 #C CALUMET				1912 CALUMET				ŀ								
CLEARWATER, FL 33765 US				#C												
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Principal Place of Business - No P.O. Box #			3. Mailing Address								1					
Suite, Apt. #, etc			Suite, Apt. #, etc.					07082008	Chg-P		CR2EC	34 (12/06)				
City & State			City & State				4. FEI Number Applied For 59-3374489 Not Applicat									
Zip	Country		Zip		Count	Country		5. Certificate	of Status De	sired		\$8.75 Add Fee Required				
6. Name and Address of Current R				itered Agent		7. Name and Address of New Registered Agent										
Name Program Morre																
KELLER, KLAUS							Street Arthrose 4P, On Box Number is Not Acceptable)									
1912 CALUMET #C   CLEARWATER, FL 33765							Street And graph P. On Box Number is Not Acceptable)									
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						City					FL	Zip Code	•			
		y submits this statement f	or the	purpose of changing its	s registere	ed office or	register	red agent, or bo	th, in the Stat	e of Flori	da. Lam	familiar with,	and accept			
tne obligati	ons of regis	tered agent.									. ^	~ <i>V</i> I				
SIGNATURE	/ AMAL	and Platter								0 L	<u>08.1</u>	27	<u></u>			
	Signature, typed	or printed name of registered agen	t and bile	d applicable. (NO	rE. Registere	d Agent signatu	ne redniket	d when reinstating)			DATE	.=				
FILE NOW!!! FEE IS \$150.00  Due by September 12, 2008  9. Election Campaign Fina Trust Fund Contribution								.00 May Be led to Fees	In accord corporation	ance wi	th s. 607 ot receiv	7.193(2)(b), re the prior r	F.S., the notice.			
10. OFFICERS AND				DIRECTORS / 11.				ADDITIONS	/CHANGES T	O OFFIC	ERS AND	DIRECTORS	S IN 11			
TITLE				Delete	TITLE			FINNIBER			Change	Addition				
NAME CIRCEL ADDRESS	NAME KELLER, KLAUS STREET ADDRESS 1615 ST. PAUL'S DRIVE			NA Sti			CAROLANN MATTEO 1839 DAK LAKE DRIVE									
CITY-ST-ZIP				CIT			CIFARWATER FL 33764					•				
TOTLE	D			☐ Deleie		1.72	<u> TKWAIE</u>	<u> </u>		1W 1	☐ Change	Addition				
NAME	RING, ANDREAS				NAM											
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·					ET ADDRESS -ST-ZIP										
CITY-ST-ZIP	D	ATER, FL 33765			_							☐ Change	☐ Addition			
TITLE NAME	RING, MA	ATHIAS		☐ Delete	TITLE							C Clause	☐ Accilien			
STREET ADDRESS		LUMET #C			STRE	ET ADDRESS										
CITY-ST-ZIP	CLEARW	ATER, FL 33765			CITY	- ST - ZIP										
TITLE				☐ Delete	TITLE							☐ Change	Addition			
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CITY-ST-ZIP						- ST-ZIP										
TITLE		-		☐ Delete	TITLE							□ Сћапре	Addition			
NAME					NAM											
STREET ADORESS CITY-ST-ZIP					4	ET ADDRESS -ST-ZIP										
TITLE				☐ Delete	TITL							☐ Change	Addition			
NAME				_ Bellie	NAM											
STREET ADDRESS						ET ADORESS							;			
CITY-ST-ZIP						-ST-ZIP	<u> </u>									
12. I hereby of indicated of the corchanged,	certily that the on this repo poration or to or on an att	ne information supplied wi ort or supplemental report the receiver or trustee em tachment with an address	th this is true cowere , with a	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.												