


**FILED**  
**Feb 14, 2007 08:00 AM**  
**Secretary of State**

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # V57440</b>	
1. Entity Name ORMANTINE U.S.A., LTD., INC.	

Principal Place of Business 1740 CONVAIR ST PALM BAY, FL 32909	Mailing Address 1740 CONVAIR ST PALM BAY, FL 32909
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**DO NOT WRITE IN THIS SPACE**



01262007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3155089	Applied For <input type="checkbox"/> Not Applicable
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6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

WILMONT, MICHAEL  
108 CAVALIER ST  
PALM BAY, FL 32909

**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 \_\_\_\_\_ (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 Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLAGE, NORMAN 108 CAVALIER ST PALM BAY, FL
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**DO NOT WRITE IN THIS SPACE**

U00000636091  
02/26/07-80002-020 150.00

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-12-07 321 676 7053  
Date Cayman Phone #