

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90053 027 \*\*\*150.00



|   |   |  |   |   |             |
|---|---|--|---|---|-------------|
| <b>DOCUMENT # V57440</b>  |   |  |   | 1. Entity Name<br><b>ORMANTINE U.S.A., LTD., INC.</b> |             |
| Principal Place of Business<br>1740 CONVAIR ST<br>PALM BAY, FL 32909  |   | Mailing Address<br>1740 CONVAIR ST<br>PALM BAY, FL 32909 |   |   |             |
| 2. Principal Place of Business - No P.O. Box #  |   | 3. Mailing Address                                       |   |   |             |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.                                      |   |   |             |
| City & State  |   | City & State   |   |   |             |
| Zip   | Country   | Zip  | Country   | 4. FEI Number<br><b>59-3155089</b>                    |             |
| 6. Name and Address of Current Registered Agent   |   |  |   | 7. Name and Address of New Registered Agent           |             |
| WILMONT, MICHAEL<br>108 CAVALIER ST<br>PALM BAY, FL 32909   |   |  |   | Name  |             |
|   |   |  |   | Street Address (P.O. Box Number is Not Acceptable)    |             |
|   |   |  |   | City  | FL Zip Code |
| 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 _____   |   |  |   |   |             |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>   |   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |             |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |             |
| TITLE   | D WALLAGE, NORMAN <input type="checkbox"/> Delete | TITLE  | D WALLAGE, NORMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                      |   |             |
| NAME  | 108 CAVALIER ST                                   | NAME   | 108 CONVAIR ST  |   |             |
| STREET ADDRESS  | PALM BAY, FL                                      | STREET ADDRESS   | PALM BAY, FL  |   |             |
| CITY-ST-ZIP   |   | CITY-ST-ZIP  |   |   |             |
| TITLE   | <input type="checkbox"/> Delete                   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |             |
| NAME  |   | NAME   |   |   |             |
| STREET ADDRESS  |   | STREET ADDRESS   |   |   |             |
| CITY-ST-ZIP   |   | CITY-ST-ZIP  |   |   |             |
| TITLE   | <input type="checkbox"/> Delete                   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |             |
| NAME  |   | NAME   |   |   |             |
| STREET ADDRESS  |   | STREET ADDRESS   |   |   |             |
| CITY-ST-ZIP   |   | CITY-ST-ZIP  |   |   |             |
| TITLE   | <input type="checkbox"/> Delete                   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |             |
| NAME  |   | NAME   |   |   |             |
| STREET ADDRESS  |   | STREET ADDRESS   |   |   |             |
| CITY-ST-ZIP   |   | CITY-ST-ZIP  |   |   |             |
| TITLE   | <input type="checkbox"/> Delete                   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |             |
| NAME  |   | NAME   |   |   |             |
| STREET ADDRESS  |   | STREET ADDRESS   |   |   |             |
| CITY-ST-ZIP   |   | CITY-ST-ZIP  |   |   |             |



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4. FEI Number **59-3155089** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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: M. Willmont M. Willmont Date: 2-7-08 Daytime Phone # \_\_\_\_\_