## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 302503** 

Entity Name: ALLIED TIME \* USA, INC.

FILED Jan 26, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

704 PARK AVE. WEST 416 N. ORANGE AVE. SUITE H DELAND, FL 32720 US

EDGEWATER, FL 32132 US

Current Mailing Address: New Mailing Address:

P.O. BOX 399 P.O. BOX 3562

EDGEWATER, FL 321320399 US DELAND, FL 32721 US

FEI Number: 59-1150606 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PAVILONYTE, JURGITA 2425 WILMHURST RD DELAND, FL 32720 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT ( ) Delete Title: PT (X) Change ( ) Addition Name: JOHANSON, DONALD C Name: PAVILONYTE, JURGITA

Address: 211 TREE BRANCH LANE Address: 2425 WILMHURST RD. City-St-Zip: EDGEWATER, FL 32141 City-St-Zip: DELAND, FL 32720

Title: VPS ( ) Delete Title: VP (X) Change ( ) Addition Name: JOHANSON, BETTY L Name: TRIVETT, SAM W

Address: 211 TREE BRANCH LANE Address: 2425 WILMHURST RD. City-St-Zip: EDGEWATER, FL 32141 City-St-Zip: DELAND, FL 32720

Title: VP (X) Delete Title: ( ) Change ( ) Addition

 Name:
 PAVILONYTE, JURGITA
 Name:

 Address:
 2425 WILMHURST RD.
 Address:

 City-St-Zip:
 DELAND, FL 32720
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JURGITA PAVILONYTE PT 01/26/2007