2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# F00000006888

Entity Name: UFLEX USA, INC.

Current Principal Place of Business:

6442 PARKLAND DR.
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

6442 PARKLAND DR.
SARASOTA, FL 34243

New Mailing Address:

FEI Number: 91-1466446 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MICHEL II, WILLIAM P
6442 PARKLAND DR.
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

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:

Title:	PD	( ) Delete
Name:	GAI, ANNA G	
Address:	VIA DONATO SOMMA 78	
City-St-Zip:	GENOVA, ITALY, IT 16164 IT	
Title:	D	( ) Delete
Name:	GAI, GIORGIO	
Address:	VIA DONATO SOMMA 78	
City-St-Zip:	GENOVA, ITALY, IT 16164 IT	
Title:	VTD	( ) Delete
Name:	MICHEL II, WILLIAM P	
Address:	201 BIRD KEY DRIVE	
City-St-Zip:	SARASOTA, FL	
Title:	SD	( ) Delete
Name:	BETTI, GIUSEPPE	
Address:	VIA MILITE IGNOTO, 8A 16012 BUSALLA	
City-St-Zip:	GENOVA, ITALY, IT IT	
Title:	D	( ) Delete
Name:	SAVINO, MIRELLA	
Address:	VIA MILITE IGNOTO, 8A 16012 BUSALLA	
City-St-Zip:	GENOVA, ITALY, IT IT	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM P MICHEL II VDT 04/24/2007

Electronic Signature of Signing Officer or Director — Date