2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State
04-04-2005 90084 001 ***150.00

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1. Entity Name
GIRINDUS SALES CORPORTION

Principal Place of Business	Mailing Address
C/O ALSTON & BIRD LLP (NY) 90 PARK AVENUE NEW YORK, NY 10016	C/O ALSTON & BIRD LLP (NY) 90 PARK AVENUE NEW YORK, NY 10016

40046450

03012005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
34650 US Highway 19 N	34650 US Highway 19 N
Suite, Apt. #, etc. Suite 208	Suite, Apt. #, etc. Suite 208
City & State Palm Harbor FL	City & State Palm Harbor FL
Zip 34684-2156 Country USA	Zip 34684-2156 Country USA

4. FEI Number
13-4153718
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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 R. LINK March 23/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LINK, ROBERT F		NAME	
STREET ADDRESS	34650 U.S. HIGWAY 19 NORTH, SUITE 208		STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR, FL 34684		CITY-ST-ZIP	
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DETJEN, DAVID W		NAME	
STREET ADDRESS	90 PARK AVENUE		STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10016		CITY-ST-ZIP	
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LINK, ROBERT F		NAME	
STREET ADDRESS	34650 U.S. HIGHWAY 19 NORTH, SUITE 208		STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR, FL 34684		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SAUDER, JUERG		NAME	
STREET ADDRESS	RUE ABBE BOVET 12		STREET ADDRESS	
CITY-ST-ZIP	CH-1700,FRIBOURG,SWITZERLAND,		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

R. LINK Mar 23, 2005