


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F94000001423 1. Entity Name NUNHEMS USA, INC.	
---	---

Principal Place of Business 1200 ANDERSON CORNER RD. PARMA, ID 83660	Mailing Address 1200 ANDERSON CORNER RD. PARMA, ID 83660
--	--

DO NOT WRITE IN THIS SPACE



06302006 No Chg-P CR2E034 (11/05)

4. FEI Number 13-3759922	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
502 EAST PARK AVENUE
TALLAHASSEE, FL 32301

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMAREL, RON 1200 ANDERSON CORNER RD. PARMA, ID 83660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMPSON, JAMES R 1200 ANDERSON CORNER RD. PARMA, ID 83660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMAREL, RON 1200 ANDERSON CORNER RD. PARMA, ID 83660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE PONTI, ORLANDO 6080 AA HAELN, HO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIJP, DOUWE 6080 AA HAELN, HO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000570664
07/18/06-80005-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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: James R Thompson James R Thompson 6/30/06 208-674-4113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #