

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90008 023 ***150.00

DOCUMENT # F98000001584
 1. Entity Name
ROCHE MINING (MT) USA INC.



40031678



02142007 Chg-P CR2E034 (12/06)

Principal Place of Business: 24 CATHEDRAL PLACE, STE 501, SAINT AUGUSTINE, FL 32084 US
 Mailing Address: 24 CATHEDRAL PLACE, STE 501, SAINT AUGUSTINE, FL 32084 US

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number: 42-1259688
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAINIO, FREDRICK J JR. <input type="checkbox"/> Delete 120 ST RD 312 W STE 1 SAINT AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOGAN, ROBERT A <input checked="" type="checkbox"/> Delete 70 VICTORIA AVE CHELMERBRISBANE, OLDAUSTRALIA, 4068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEANEY, GREGORY J <input checked="" type="checkbox"/> Delete 30 MARINER CT SCARBOROUGH, OLDAUSTRALIA, 4020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, T, S WAINIO, FREDRICK J JR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 320 HIGH TIDE DR, STE 201 ST AUGUSTINE FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P Elsaesser, Ole <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 77 St. John's Ave Gordon, NSW 2072 Australia
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Frederick J Wainio Jr. Date: 2-14-07 Daytime Phone #: 904 484 5008