2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# K10379

Entity Name: VERMAAT TECHNICS USA, INC.

Current Principal Place of Business:

12 HARGROVE GRADE
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

VERMART TECHNIC
PO BOX 353127
PALM COAST, FL 32135 US

New Mailing Address:

FEI Number: 59-2913045 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KENNETH, NAGEL
12 HARGROVE GRADE
PALM COAST, FL 32137 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:	D	( ) Delete
Name:	VERMAAT, HUIBRECHT P, .	
Address:	10 WAALDRIFT, 3235 AV	
City-St-Zip:	ROCKANJE, NETHERLAND,	
Title:	D	( ) Delete
Name:	VERMAAT-VAN RIJ, ADR, IANA	
Address:	10 WAALDRIFT, 3235 AV	
City-St-Zip:	ROCKANJE, NETHERLAND,	
Title:	AS	( ) Delete
Name:	VERMAAT, MONIQUE	
Address:	G WAALDRIFT 3235 AV.	
City-St-Zip:	ROCKAYE, THE NETHERLANDS,	
Title:	P	( ) Delete
Name:	VERMAAT, HUIBRECHT P, .	
Address:	10 WAALDRIFT, 3235 AVE.	
City-St-Zip:	ROCKANJE, NETHERLAND,	
Title:	S	( ) Delete
Name:	VERMAAT-VAN RIJ, ADR, IANA	
Address:	10 WAALDRIFT, 3235 AVE.	
City-St-Zip:	ROCKANJE, NETHERLAND,	

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 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: ROBERT E SCHROEDER CPA 04/26/2007

Electronic Signature of Signing Officer or Director — Date