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Secretary of State

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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

4UU48129

07062006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L00000007074

1. Entity Name
NES OVERSEAS USA, LLC

Principal Place of Business	Mailing Address
1035 SOUTH SEMORAN BLVD. 1007 WINTER PARK, FL 32792 US	1035 SOUTH SEMORAN BLVD. 1007 WINTER PARK, FL 32792 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3659333 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROWLANDS, ANDREW 1035 SOUTH SEMORAN BLVD. STE 1007 WINTER PARK, FL 32792	Name Heslin, Keith E Street Address (P.O. Box Number is Not Acceptable) 1035 South Semoran Blvd Ste 1007 City Winter Park FL Zip Code 32792

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 [signature] 7/6/06
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROWLANDS, ANDREW 1035 S. SEMORAN BLVD. #1007 WINTER PARK, FL 32792	■ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Heslin, Keith E 1035 South Semoran Blvd Ste 1007 Winter Park, FL 32792	☐ Change ■ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 7/6/06 4076816676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #