2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006
Secretary of State

DOCUMENT# L03000051874

Entity Name: HANSON ENTERPRISES USA, LLC

Current Principal Place of Business:

PO BOX 136356
CLERMONT, FL 334713-63 US

New Principal Place of Business:

PO BOX 136356
CLERMONT, FL 34713 US

Current Mailing Address:

PO BOX 136356
CLERMONT, FL 334713-63 US

New Mailing Address:

PO BOX 136356
CLERMONT, FL 34713 US

FEI Number: 20-0777413 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANSON, JOHN R
PO BOX 136356
CLERMONT, FL 334713-63 US

Name and Address of New Registered Agent:

HANSON, JOHN R
PO BOX 136356
CLERMONT, FL 34713 US

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: J HANSON 04/24/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HANSON, JOHN R
Address: PO BOX 136356
City-St-Zip: CLERMONT, FL 334713-63 US

Title: MGRM ( ) Delete
Name: HANSON, LESLEY
Address: PO BOX 136356
City-St-Zip: CLERMONT, FL 334713-63 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HANSON, JOHN R
Address: PO BOX 136356
City-St-Zip: CLERMONT, FL 34713 US

Title: MGRM (X) Change ( ) Addition
Name: HANSON, LESLEY
Address: PO BOX 136356
City-St-Zip: CLERMONT, FL 34713 US

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 is true and accurate and that my electronic 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: J HANSON MGRM 04/24/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date