

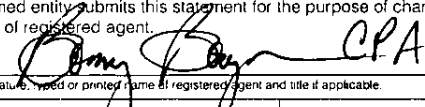
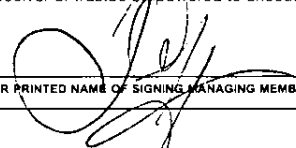


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 29, 2007 8:00 am
Secretary of State

05-29-2007 90286 032 ****50.00

DOCUMENT # L04000012551 1. Entity Name HEREWARD USA, LLC					
Principal Place of Business 309 EAST WASHINGTON ST. UNIT B MINNEOLA, FL 34715 US			Mailing Address 309 EAST WASHINGTON ST. UNIT B MINNEOLA, FL 34715 US		
2. Principal Place of Business - No P.O. Box # 13631 Via Roma Circle Suite, Apt. #, etc.		3. Mailing Address 13631 Via Roma Circle Suite, Apt. #, etc.		<div style="font-size: 1.2em; font-weight: bold;">40118869</div> 	
City & State Clermont, FL		City & State Clermont, FL		4. FEI Number 04-3794660	
Zip 34711		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LAVIGNE, JAMES R ESQ 7087 GRAND NATIONAL DRIVE STE. 100 ORLANDO, FL 32819				7. Name and Address of New Registered Agent Name BONNY BOWMER CPA Street Address (P.O. Box Number is Not Acceptable) 264 MOHAWK ROAD City CLERMONT	
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.				DATE 5/24/07	
SIGNATURE  CPA <small>Signature, word or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				Filing Fee is \$50.00 Due by September 14, 2007	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUGGINS, JOHN 309 EAST WASHINGTON ST. MINNEOLA, FL 34715	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	13631 Via Roma Circle Clermont, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUGGINS, MEGAN 309 EAST WASHINGTON ST. MINNEOLA, FL 34715	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	13631 Via Roma Circle Clermont, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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"/> Delete	<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"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  JOHN HUGGINS (CEO) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					