


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90023 041 \*\*\*\*50.00

<b>DOCUMENT # L04000063671</b>	
1. Entity Name <b>PHARLO USA, L.L.C.</b>	

Principal Place of Business <b>6815 WOODMERE ROAD, BAY 3 SEBASTIAN, FL 32958</b>	Mailing Address <b>6815 WOODMERE ROAD, BAY 3 SEBASTIAN, FL 32958</b>
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2. Principal Place of Business <b>46 WILLARD ST SUITE, Apt. #, etc. SUITE 101 CITY &amp; STATE COCOA, FL Zip 32922</b>	3. Mailing Address <b>46 WILLARD ST SUITE, Apt. #, etc. SUITE 101 CITY &amp; STATE COCOA, FL Zip 32922</b>
Country <b>USA</b>	Country <b>USA</b>

00000001



04292005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>201891006</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>DICKINSON, DAVID L 433 MOORE PARK LANE MERRITT ISLAND, FL 32952</b>	
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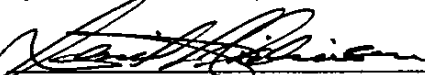
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
<b>46 WILLARD ST, SUITE 101</b>	
City <b>COCOA</b> FL Zip Code <b>32922</b>	

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 	<b>DAVID L. DICKINSON</b> 4/28/05 DATE

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUMMINS, BARRY 1203 EGRET AVENUE FT. PIERCE, FL 34982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DICKINSON, DAVID L 433 MOORE PARK LANE MERRITT ISLAND, FL 32952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CREASEY, DAVID 5045 FAIRWAY CIRCLE APT. 201 CERO BEACH, FL 77372 <input type="checkbox"/> Delete	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	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	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	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 exemption stated in Section 119.07(3)(i), 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 	<b>DAVID L. DICKINSON</b> 4/28/05 321 639 0771 DATE Daytime Phone #
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