2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L44249

Address:

City-St-Zip:

FILED Mar 05, 2004 Secretary of State

Entity Nar	ne: TREATT	USA, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
	O COMMERCE D, FL 33805	E PARKWAY 4900 US					
Current Mailing Address:			New Maili	New Mailing Address:			
	O COMMERCE D, FL 33805	E PARKWAY 4900 US					
FEI Number:	59-3002533	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status De	sired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
1201 HAYS SUITE 105	STREET	ORPORATION SYSTEM INC					
The above in the State	named entity s of Florida.	submits this statement for the	purpose of changing i	ts registered o	ffice or registered age	nt, or both,	
SIGNATUR	RE:						
	Electror	ic Signature of Registered Ag	jent		Date		
Election Can	npaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () BOVILL, HUGO NORTHERN WA SUFFOLK, ENG	AY BURY ST	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	THRONBURN,	D COMMERCE PKWY.	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	SHELTON, STE	D COMMERCE PKWY.	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	KEGEL, WAYN	D COMMERCE PKWY.	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name:		Delete	Title: Name:	D () HOPE, RICHAR	Change (X) Addition D A		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

SIGNATURE: WAYNE A. KEGEL D 03/05/2004

4900 LAKELAND COMMERCE PARKWAY

LAKELAND, FL 33805