


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M89579</b>			
1. Entity Name <b>ECHION U.S.A., INC.</b>			
Principal Place of Business <b>8890 W OAKLAND PARK BLVD STE 207 SUNRISE, FL 33351 US</b>		Mailing Address <b>8890 W OAKLAND PARK BLVD STE 207 SUNRISE, FL 33351 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		02282005 Chg-P CR2E034 (10/03)	
		4. FEI Number <b>65-0104925</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>FRAZIER, ROBERT W., JR. 2400 E COMMERCIAL BLVD STE. 826 FORT LAUDERDALE, FL 33308</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>PSD</b>	NAME <b>HOTTE, DANIEL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>8890 W. OAKLAND PK BLVD.</b>	CITY- ST- ZIP <b>SUNRISE, FL</b>	<b>U00000261865</b>	
		<b>03/14/05-80028-017 158.75</b>	
TITLE <b>D</b>	NAME <b>HOTTE, J. RENE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>8890 W. OAKLAND PK BLVD.</b>	CITY- ST- ZIP <b>SUNRISE, FL</b>		
TITLE <b>AS</b>	NAME <b>FRAZIER, ROBERT W</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>2400 E COMMERCIAL BLVD, STE. 826</b>	CITY- ST- ZIP <b>SUNRISE, FL 33308</b>		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY- ST- ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY- ST- ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY- ST- ZIP		
12. 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 or supplemental report is true and accurate and that my 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 authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, if applicable, like employed.			
SIGNATURE: _____		<b>3-10-05</b> (954) 746-8990	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	