2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002837

Entity Name: QAJAQ USA, INC.

FILED Feb 08, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1217 BENT OAK TRAIL ALTAMONTE SPRINGS, FL 32714 **Current Mailing Address: New Mailing Address:** 1217 BENT OAK TRAIL ALTAMONTE SPRINGS, FL 32714 FEI Number: 02-0583840 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STAMER, GREGORY P 1217 BENT OAK TRAIL ALTAMONTE SPRINGS, FL 32714 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete STAMER, GREGORY Name: Name: 1217 BENT OAK TRAIL Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: Title: () Delete Title: () Change () Addition JENNIFER, TORRES Name: Name: Address: 109 N. 21ST AVE Address: HATTIESBURG, MS 39401 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition DOUCETTE, VERNON Name: Name: Address: **67 SPARKS STREET** Address: City-St-Zip: CAMBRIDGE, MA 02138 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GOLDEN, HARVEY Name: Address: 2000 SE 47TH Address: City-St-Zip: PORTLAND, OR 97215 City-St-Zip: Title: () Delete Title: () Change () Addition RICHARD, NONAS Name: Name: 14 HARRISON ST. Address: Address: NEW YORK, NY 10013 City-St-Zip: City-St-Zip:

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY P STAMER P 02/08/2007