2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2007
Secretary of State

DOCUMENT# N05000006676

Entity Name: CRY USA, INC.

Current Principal Place of Business:

225 ERIE DR
NAPLES, FL 34110 US

New Principal Place of Business:

8842 GOLDENEYE LN
BLAINE, WA 98230 US

Current Mailing Address:

225 ERIE DR
NAPLES, FL 34110 US

New Mailing Address:

P.O. BOX 184
FERNDALE, WA 98248 US

FEI Number: 20-3157407 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENDECK, JUAN D ESQ.
C/O COX & NICI, 1185 IMMOKALEE RD
SUITE 110
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

BENDECK, JUAN D ESQ.
C/O COX & NICI
1185 IMMOKALEE RD, SUITE 110
NAPLES, FL 34110 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: JUAN D. BENDECK 02/17/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: FARNDALE, DAVID
Address: 126 STIRLING CRESENT HEDGE END
City-St-Zip: SOUTHAMPTON, UK S030 2AL

Title: DV ( ) Delete
Name: ELLIOTT, BRUCE
Address: 8842 GOLDENEYE LN
City-St-Zip: BLAINE, WA 98230 US

Title: D ( ) Delete
Name: ANDERSON, DREW
Address: 2162 STACIL CIR
City-St-Zip: NAPLES, FL 34109 US

Title: DST (X) Delete
Name: BENSON, DALE
Address: 225 ERIE DR
City-St-Zip: NAPLES, FL 34110 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DVS (X) Change ( ) Addition
Name: ELLIOTT, BRUCE
Address: 8842 GOLDENEYE LN
City-St-Zip: BLAINE, WA 98230 US

Title: DT (X) Change ( ) Addition
Name: ANDERSON, DREW
Address: 2162 STACIL CIR
City-St-Zip: NAPLES, FL 34109 US

Title: ( ) Change ( ) Addition
Name:
Address:
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: BRUCE ELLIOT VP 02/17/2007
Electronic Signature of Signing Officer or Director Date