

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006676

FILED  
Mar 17, 2008  
Secretary of State

Entity Name: CRY USA, INC.

## Current Principal Place of Business:

8842 GOLDENEYE LN  
BLAINE, WA 98230 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 184  
FERNDAL, WA 98248 US

## New Mailing Address:

8842 GOLDENEYE LANE  
BLAINE, WA 98230 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:

NICI, JAMES R 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: JAMES R. NICI

03/17/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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 ELLIOTT

DVS

03/17/2008

Electronic Signature of Signing Officer or Director

Date