


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000010088**  
 1. Entity Name  
 HOHENSTEIN INSTITUTE (USA), INC.



Principal Place of Business  
 18604 DEMKO RD  
 ALTOONA, FL 32702

Mailing Address  
 P.O. BOX 468  
 -UMATILLA, FL 32784

**DO NOT WRITE IN THIS SPACE**



03082008 No Chg-P CR2E034 (11/05)

4. FEI Number  
 04-3677984

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 WEATHERFORD, JOHN D  
 910 S BAY ST  
 EUSTIS, FL 32728

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

U00000526225  
 05/04/06-80065-014 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MECHEELS, DR STEFAN FRIEDHOFSTRASSE 28, 74368 KIRCHHEIM/N GERMANY,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSDT UMBACH, DR KARL-HEINZ 18604 DEMKO RD ALTOONA, FL 32702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WENTZ, DR MANFRED 9016 OAK BRANCH DR APEX, NC 27502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Karl-Heinz Umbach 04/18/2006 (352) 357-5040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #