

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 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



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 32726

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MECHEELS, DR STEFAN FRIEDHOFSTRASSE 28, 74366 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
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 01/08/07-90014-023 150.00

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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: _____ 11/4/2007 352-357-5040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #