2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000068711

Entity Name: DECTRA USA, INC

FILED Jan 13, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4300 SOUTH HWY ONE SUITE 203-323 JUPITER, FL 33477

Current Mailing Address: New Mailing Address:

4300 SOUTH HWY ONE 4300 SOUTH HWY ONE SUITE 203-323 SUITE 203-323 JUPITER, FL 33477 JUPITER, FL 334771198

FEI Number: 65-1120894 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:

SAMUELS, HARRY M 3143 ARBÓR LANE HOLLYWOOD, FL 33021 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

Title:

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

Title: () Delete CHANOZ, JACQUES Name:

Name: 4300 S US HWY 1, SUITE 203-323 Address: Address:

City-St-Zip: JUPITER, FL 33477

Title: () Delete

Name: CHANOZ, SUZANNE 4300 SOUTH HWY ONE 202-323 Address:

JUPITER, FL 33477 City-St-Zip:

Title: () Delete SAMUELS, HARRY M Name:

3143 ARBOR LANE Address: City-St-Zip: HOLLYWOOD, FL 33021 CHANOZ, JACQUES 4300 S US HWY 1, SUITE 203-323

City-St-Zip: JUPITER, FL 334771198

Title: (X) Change () Addition

Name: CHANOZ, SUZANNE

4300 SOUTH HWY ONE 202-323 Address: JUPITER, FL 334771198 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 for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUES CHANOZ MR 01/13/2005