2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

2005 FOR PROFIT CORPORATION ANNUAL REPORT								FILED Apr 27, 2005 8:00 am Secretary of State				
DOCUMENT # P01000069119 1. Entity Name GENERAL ELECTRONICS (USA) CORP.								Secretary of State 04-27-2005 90310 026 ***150.00				
Principal Place of Business 385 W FAIRBANKS AVE SUITE 200 WINTER PARK, FL 32789				Mailing Address 1221 E. ROBINSON STREET ORLANDO, FL 32801								
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04072005	Chg-P	CR2E	034 (10/03)	
City & State				City & State				4. FEI Numb 20-128			No	plied For t Applicable
Zip	Country			Zip		Country			of Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent								7. Name and	Address of New	Registered	Agent	
FONG, DAVID 1221 E ROBINSON STREET ORLANDO, FL 32801							Street Address (P.O. Box Number is Not Acceptable)					
						City				F	Zip Code)
	named entit ions of regist	y submits this statemen tered agent.	t for the (purpose of changing its	registere	ed office or re	egister	ed agent, or bo	th, in the State of I	Florida, I an	n familiar with,	and accept
SIGNATURE												
FIL After M	E NOW!!! ay 1, 200	FEE IS \$150.00 5 Fee will be \$55	0.00	 Election Campa Trust Fund Cont 		ncing		.00 May Be ed to Fees				
10. THILE	OFFICERS AND				<u>11.</u> ពោយ			ADDITIONS	CHANGES TO O	FFICERS AN	ID DIRECTORS	Addition
NAME STREET ADDRESS CITY - ST - ZIP		N-HSIEN DING CREEK PL DOD, FL 32779				E Et address - St - Zip						
TITLE	DV CHEN LII	Delete	TITLE	.					Change	Addition		
STREET ADDRESS CITY - ST - ZIP	504 WIND	DING CREEK PL DOD, FL 32779				ET ADDRESS - ST - Zip						
TITLE NAME				Delete	title Nami	E					🔲 Change	Addition
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST - ZIP						
TITLE NAME				Delete	TITLE NAM						Change	Addition
STREET ADDRESS CITY - ST - ZIP						ET ADDRESS - St - Zip						
TITLE NAME STREET ADDRESS				Delete		e Et address					Change	Addition
CITY-ST-ZIP				Delete	CITY	- ST-ZIP E					Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP					NAM							-
12. I hereby certify that the information supplied with this filing does not qualify 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 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.												nformation or director Block 11 if
SIGNATURE:												