

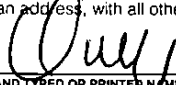


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 11, 2007 8:00 am**  
**Secretary of State**

06-11-2007 90006 036 \*\*\*400.00

<b>DOCUMENT # P02000103741</b> 1. Entity Name <b>WITECH USA, INC.</b>			
Principal Place of Business <b>20283 STATE RD #7 STE 400 BOCA RATON, FL 33498</b>		Mailing Address <b>20283 STATE RD #7 STE 400 BOCA RATON, FL 33498</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>22321 Kettle Creek Way</b> Suite, Apt. #, etc.	
City & State		City & State <b>Boca Raton, FL</b>	
Zip <b>33428</b>	Country <b>US</b>	4. FEI Number <b>04-3727058</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> <b>MONIQUE TRONCONE CPA PA 499 E PALMETTO PARK RD STE 207 BOCA RATON, FL 33432</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>Monique Troncone, CPA P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>55 N.E. 5th Avenue, Suite 501</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33432-5500</b>	
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  <b>Monique Troncone, CPA</b> DATE <b>05/31/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>NIETO, OSCAR</b> <b>22321 KETTLE CREEK WAY</b> <b>BOCA RATON, FL 33428</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MORALES, GLADYS</b> <b>22321 KETTLE CREEK WAY</b> <b>BOCA RATON, FL 33428</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <b>Oscar Nieto, PD</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>05/31/07</b> Daytime Phone # <b>561-558-0318</b>	

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