

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000119817  
 1. Entity Name  
 CPP-USA, INC.



Principal Place of Business      Mailing Address  
 413 ABC ROAD      PO BOX 3752  
 LAKE WALES, FL 33853      LAKE WALES, FL 33859-3752

**DO NOT WRITE IN THIS SPACE**



04152005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 98-0371443      Not Applicable

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

5. Name and Address of Current Registered Agent

MOTIS, JOHN  
 413 ABC ROAD  
 LAKE WALES, FL 33853

**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, 2005 Fee will be \$550.00**

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

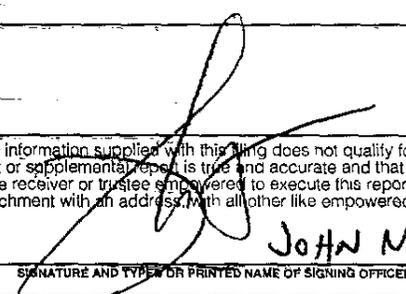
10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	MOTIS, JOHN
STREET ADDRESS	PO BOX 3752
CITY - ST - ZIP	LAKE WALES, FL 338593752
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000314544  
 04/19/05-80002-018 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  JOHN MOTIS      4-15-05 863-638-1407  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #