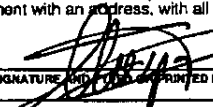


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

02-13-2004 90012 002 ***150.00

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DOCUMENT # P02000121182			
1. Entity Name OPENFIELD US, INC.			
Principal Place of Business 2126 INVERNESS CT OVIEDO, FL 32765		Mailing Address 2126 INVERNESS CT OVIEDO, FL 32765	
2. Principal Place of Business 115 EAST LYMAN AVE		3. Mailing Address 115 EAST LYMAN AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WINTER PARK, FL		City & State WINTER PARK, FL	
Zip 32789	Country USA	Zip 32789	Country USA
4. FEI Number 55-0814798		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOLTUN, JEFFREY M ESQ 557 N WYMORE RD SUITE 100 MAITLAND, FL 32751		7. Name and Address of New Registered Agent Name Street City FL Zip Code	
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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees ☐	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAZIERE, PATRICIA 2126 INVERNESS CT OVIEDO, FL 32765 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROLLAND, SYLVIA 115 E LYMAN AVE WINTER PARK, FL 32789 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROLLAND SYLVIA 2126 INVERNESS CT OVIEDO, FL 32765 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERTHOME, SYLVIE 115 E LYMAN AVE WINTER PARK, FL 32789 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	oneida FL 32765 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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.			
SIGNATURE: 		Date: 02/10/04 Daytime Phone #	