

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000125797

Entity Name: ORMSPUN USA, INC.

FILED  
Apr 26, 2005  
Secretary of State

## Current Principal Place of Business:

2237 N. COMMERCE PARKWAY  
SUITE 3  
WESTON, FL 33326

## New Principal Place of Business:

ONE EAST BROWARD BLVD  
SUITE #1010  
FORT LAUDERDALE, FL 33301

## Current Mailing Address:

2237 N. COMMERCE PARKWAY  
SUITE 3  
WESTON, FL 33326

## New Mailing Address:

ONE EAST BROWARD BLVD.  
SUITE #1010  
FORT LAUDERDALE, FL 33301

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MANELLA, ROSS H  
2237 N. COMMERCE PARKWAY  
SUITE 3  
WESTON, FL 33326 US

## Name and Address of New Registered Agent:

MANELLA, ROSS H ESQ  
ONE EAST BROWARD BLVD.  
SUITE 1010  
FORT LAUDERDALE, FL 33301 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: ROSS H. MANELLA ESQ.

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BELL, ISADORE  
Address: 2237 N. COMMERCE PARKWAY STE 3  
City-St-Zip: WESTON, FL 33326

Title: D ( ) Delete  
Name: GORDON, IAN  
Address: 2237 N. COMMERCE PARKWAY STE 3  
City-St-Zip: WESTON, FL 33326

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: ISADORE BELL

D

04/26/2005

Electronic Signature of Signing Officer or Director

Date