

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90073 009 ***158.75

DOCUMENT # P03000012453
 1. Entity Name
 INSECO USA, INC.



Principal Place of Business Mailing Address
 5601 BANNER DRIVE 5601 BANNER DRIVE
 FORT MYERS, FL 33912 US FORT MYERS, FL 33912 US

DO NOT WRITE IN THIS SPACE



04162007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 54-2104765 Not Applicable

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

6. Name and Address of Current Registered Agent
 DOIKOS, MICHAEL
 5601 BANNER DRIVE
 FT. MYERS, FL 33912

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DOIKOS, MICHAEL
STREET ADDRESS	4063 SANDLEWOOD LANE 5601 BANNER DR
CITY-ST-ZIP	FORT MYERS, FL 33907 Ft. Myers FL 33912
TITLE	VTSD
NAME	DOIKOS, GEORGE
STREET ADDRESS	4063 SANDLEWOOD LANE 5601 BANNER DR
CITY-ST-ZIP	FORT MYERS, FL 33907 Ft. Myers, FL 33912
TITLE	VP
NAME	K. Doikos, Kostas
STREET ADDRESS	5601 BANNER DR
CITY-ST-ZIP	FT MYERS FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *[Signature]* K.G. Doikos, VP 4/10/07 239-791-0071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #