


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P03000026511 1. Entity Name CHROMA USA, INC. |  |
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|---|---|
| Principal Place of Business 2003 CARRINGTON DR ORLANDO, FL 32807 US | Mailing Address 2003 CARRINGTON DR ORLANDO, FL 32807 US |
|---|---|

DO NOT WRITE IN THIS SPACE



03182005 No Chg-P CR2E034 (10/03)

| | |
|------------------------------------|--|
| 4. FEI Number 14-1856617 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**MEAGHER, GAYLE K
2003 CARRINGTON DR.
ORLANDO, FL 32807**

**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.

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|--|--|------------|
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|--|--|------------|

**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

**U000000270664
03/21/05-80015-020 150.00**

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MEAGHER, GAYLE K 2003 CARRINGTON DR ORLANDO, FL 32807 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ROMANOWSKI, CHRISTIAN R 16 HAUPT STREET ROCKSTEDT, GE D-2744 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MEAGHER, MICHAEL R 2003 CARRINGTON DR ORLANDO, FL 32807 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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)(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:  Gayle Meagher President | Date 3/18/05 | Daytime Phone # 407 673 8723 |
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