2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# P03000034413

Entity Name: TECNOFOS USA INC.

Current Principal Place of Business:

1020 OCOEE-APOPKA ROAD
APOPKA, FL 32703

New Principal Place of Business:

515 COOPER COMMERCE DRIVE
100
APOPKA, FL 32703

Current Mailing Address:

1020 OCOEE-APOPKA ROAD
APOPKA, FL 32703

New Mailing Address:

515 COOPER COMMERCE DRIVE
100
APOPKA, FL 32703

FEI Number: 57-1153760 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, DOUGLAS M
5410 ALBERT DRIVE
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PC ( ) Delete
Name: SCHAEFLEIN, PETER F P
Address: 3966 KILMARNOCK DRIVE
City-St-Zip: APOPKA, FL 32712 US

Title: TS ( ) Delete
Name: SCHAEFLEIN, JAMIE L VP
Address: 3966 KILMARNOCK DRIVE
City-St-Zip: APOPKA, FL 32712 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: SCHAEFLEIN, JAMIE L VP
Address: 3966 KILMARNOCK DRIVE
City-St-Zip: APOPKA, FL 32712 US

Title: CT ( ) Change (X) Addition
Name: MUELLER, ERICH T
Address: OTTERSBACHSTR. 8
City-St-Zip: ST. MARGRETHEN, CH 9430 CH

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: PETER SCHAEFLEIN MR. 04/27/2005

Electronic Signature of Signing Officer or Director Date