
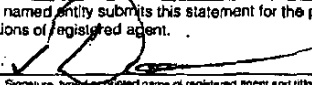



FILED  
May 10, 2004 8:00 am  
Secretary of State

04-26-2004 90482 007 \*\*\*150.00

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # P03000059208</b>			
1. Entity Name <b>DANMART USA, INC.</b>			
Principal Place of Business <b>6306 BENJAMIN ROAD SUITE 610 TAMPA, FL 33634</b>		Mailing Address <b>6306 BENJAMIN ROAD SUITE 610 TAMPA, FL 33634</b>	
2. Principal Place of Business <b>7004 Benjamin Rd</b> Suite, Apt. #, etc. <b>Suite 100</b> City & State <b>TAMPA FL</b> Zip <b>33634</b> Country <b>USA</b>		3. Mailing Address <b>7004 Benjamin Rd</b> Suite, Apt. #, etc. <b>Suite 100</b> City & State <b>TAMPA FL</b> Zip <b>33634</b> Country <b>USA</b>	
04212004 Chg-P CR2E034 (10/03)		4. FEI Number <b>14-1886412</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>THOMPSON, DANIEL C 6306 BENJAMIN ROAD SUITE 610 TAMPA, FL 33634</b>		7. Name and Address of New Registered Agent Name <b>7004 Benjamin Rd</b> Street Address (P.O. Box Number is Not Acceptable) <b>Suite 100</b> City <b>TAMPA FL</b> Zip Code <b>33634</b>	
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:  <b>Daniel C. Thompson</b> 4/21/04 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
P THOMPSON, DANIEL C 6306 BENJAMIN ROAD, SUITE 610 TAMPA, FL 33634		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VP THOMPSON, DANIEL C 6306 BENJAMIN ROAD, SUITE 610 TAMPA, FL 33634		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
SEC. THOMPSON, DANIEL C 6306 BENJAMIN ROAD, SUITE 610 TAMPA, FL 33634		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TRES THOMPSON, DANIEL C 6306 BENJAMIN ROAD, SUITE 610 TAMPA, FL 33634		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
DIR THOMPSON, DANIEL C 6306 BENJAMIN ROAD, SUITE 610 TAMPA, FL 33634		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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:  <b>Daniel Thompson</b> 4/21/04 (813) 886-4845		Date Daytime Phone #	