
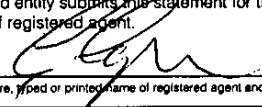
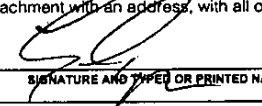


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90013 024 ***150.00

DOCUMENT # P03000079454 1. Entity Name NIPPY INVESTMENTS (USA), INC.																																			
Principal Place of Business 138 STEAMBOAT BLVD DAVENPORT, FL 33897		Mailing Address 138 STEAMBOAT BLVD DAVENPORT, FL 33897																																	
2. Principal Place of Business 45641 US HWY 27		3. Mailing Address 45641 US HWY 27 #18																																	
Suite, Apt. #, etc. UNIT 18		Suite, Apt. #, etc. 																																	
City & State DAVENPORT, FL		City & State DAVENPORT, FL																																	
Zip 33897-4546		Zip 33897-4546																																	
Country 		Country U.S.																																	
4. FEI Number 51-0482209		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent CAPON, GARY 138 STEAMBOAT BLVD DAVENPORT, FL 33897		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 599 MORTAY TRAIL City KISSIMMEE FL Zip Code 34747																																	
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  GARY CAPON, PRESIDENT 2/28/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> DP CAPON, GARY 138 STEAMBOAT BLVD DAVENPORT, FL 33897 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAPON, GARY 138 STEAMBOAT BLVD DAVENPORT, FL 33897 <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 599 MORTAY TRAIL KISSIMMEE, FL 34747 </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 599 MORTAY TRAIL KISSIMMEE, FL 34747														
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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:  GARY CAPON, PRESIDENT 2/28/06 863/424-6663 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																			