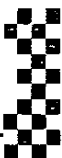


2005 FOR PROFIT CORPORATION ANNUAL REPORT

03-14-2005 90114 048 ***150.00
P04000009302

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DOCUMENT # P04000009302 1. Entity Name REINTERGO, USA, INC						05 AUG 11 AM 9:20 SEC STATE TALLAHASSEE, FLORIDA 50026203 	
Principal Place of Business 22 SE 4TH APT 144 BOCA RATON, FL 33432				Mailing Address 22 SE 4TH APT 144 BOCA RATON, FL 33432			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number				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 CARUSO, MICHAEL A 1108 EAST NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442				7. Name and Address of New Registered Agent Name MICHAEL A. CARUSO Street Address (P.O. Box Number is Not Acceptable) 2701 NW 2ND AVE. # 211 City Boca Raton FL Zip Code 33431			
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 3-9-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	P JOHANSON, JIM 22 SE 4TH APARTMENT 144 BOCA RATON, FL 33432			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:				3-9-05 561-843-6108			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							



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REINTERGO, USA, INC.

22 S.E. 4th Street, Apt. 144
Boca Raton, FL 33432

August 9, 2005


To Whom It May Concern:

Please be advised that our company did not receive the notification concerning the missing information on my Annual Report application. Therefore, I am requesting that the \$400 late fee be waived.

The missing FEI number is as follows: 20-0578344.

Thank you for your attention to this matter.

Sincerely,



Jim Johanson
President