

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90192 049 \*\*\*150.00

**DOCUMENT # P04000037046**

1. Entity Name  
**LEMAC USA INC.**



Principal Place of Business  
**722 QUAIL KEEP DR.  
 SAFETY HARBOR, FL 34695**

Mailing Address  
**722 QUAIL KEEP DR.  
 SAFETY HARBOR, FL 34695**

2. Principal Place of Business  
**3746 GRANTHAM CT**

3. Mailing Address  
**→ SAME**

Suite, Apt. #, etc.

City & State  
**PALM HARBOR, FL**

City & State

Zip  
**34684**

Country

40066726



02222006 Chg-P CR2E034 (11/05)

4. FEI Number  
**20-0783784**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**KOŁODZIEJCZYK, KRZYSZTOF  
 722 QUAIL KEEP DR.  
 SAFETY HARBOR, FL 34695**

7. Name and Address of New Registered Agent  
 Name **KRZYSZTOF KOŁODZIEJCZYK**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3746 GRANTHAM CT**  
 City **PALM HARBOR FL** Zip Code **34684**

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.

**REG. AGENT** **2/22/06**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	<b>P</b> <b>KOŁODZIEJCZYK, KRZYSZTOF</b> <b>722 QUAIL KEEP DR.</b> <b>SAFETY HARBOR, FL 34695</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3746 GRANTHAM CT.</b> <b>PALM HARBOR, FL 34684</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>KOŁODZIEJCZYK, BEATA</b> <b>722 QUAIL KEEP DR</b> <b>SAFETY HARBOR, FL 34695</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3746 GRANTHAM CT.</b> <b>PALM HARBOR, FL 34684</b>
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 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: **KRZYSZTOF KOŁODZIEJCZYK**  
**PRES.** **2/22/06 727-622-2661**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #