2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P04000089874 03-24-2005 90048 025 ***150.00 H P ENTERPRISES USA, INC. Mailing Address Principal Place of Business 2471 N MCMULLEN BOOTH RD SUITE 9 2471 N MCMULLEN BOOTH RD SUITE 9 50030571 CLEARWATER, FL 33759 US CLEARWATER, FL 33759 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 01032005 Chg-P 4. FEI Number Applied For City & State City & State Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOLLAND, GRAHAM Street Address (P.O. Box Number is Not Acceptable) 2471 N. MCMULLEN BOOTH RD. #9 CLEARWATER, FL 33759 Zip Code City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition ☐ Delete TITLE TITLE HOLLAND, GRAHAM I NAME 3101 COVERTEN EAST STREET ADDRESS STREET ADDRESS 2 NORTHWOOD HOUSE, BULLETSTONE ROAD SAFETY HARBOR, FL, 34695 CITY-ST-ZIP CITY-ST-ZIP HERNE BAY, KENT, UK CT6 7NR Change VPD ☐ De!ete TITLE ☐ Addition PYN, GARY NAME NAME 3101 COVENTRY EAST 2 NORTHWOOD HOUSE, BULLETSTONE ROAD STREET ADDRESS STREET ADDRESS SAFETY HARROL, FL, 34695 CITY-ST-7IP CITY-ST-ZIP HERNE BAY, KENT, UK CT6 7NR ☐ Change TITLE ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITE F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of trustee impowered the 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

FILED

Mar $2\overline{4}$, $\overline{2005}$ 8:00 am