2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000096789

Entity Name: MCLOUGHLIN ENTERPRISES USA, INC.

FILED Apr 23, 2008 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

WEST ORANGE FORKLIFTS 310 N MAGUIRE RD OCOEE, FL 34761 US

Current Mailing Address: New Mailing Address:

WEST ORANGE FORKLIFTS PO BOX 2901 WINDERMERE, FL 34786 US

FEI Number: 30-0294473 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCLOUGHLIN, VIOLET A 310 N MAGUIRE RD OCOEE, FL 34761 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Title:

Name:

Address:

City-St-Zip:

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

MCLOUGHLIN, VIOLET A

3774 BEACON RIDGE WAY

CLERMONT, FL 34711 US

(X) Change () Addition

 Title:
 PD () Delete

 Name:
 MCLOUGHLIN, VIOLET A

 Address:
 12945 OVERSTREET RD

 City-St-Zip:
 WINDERMERE, FL 34786 UK

Title: VPD () Delete Title: VPD (X) Change () Addition

 Name:
 MCLOUGHLIN, GARY S
 Name:
 MCLOUGHLIN, GARY S

 Address:
 12945 OVERSTREET RD
 Address:
 3774 BEACON RIDGE WAY

 City-St-Zip:
 WINDERMERE, FL 34786 UK
 City-St-Zip:
 CLERMONT, FL 34711 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIOLET A MCLOUGHLIN PD 04/23/2008