2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P04000108181 01-08-2007 90254 043 ***150.00 AUSTIN ENTERPRISES USA, INC. Principal Place of Business Mailing Address 17353 SILVER CREEK CT 17353 SILVER CREEK CT CLERMONT, FL 34711 US CLERMONT, FL 34711 2. Principal Place of Business - No P.O. Box # 1038 TAWNY 1038 JAWNY EAGLE DR 01042007 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For GRIVETAND IROVE LAND 20-1847803 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STUART AUSTIN AUSTIN, STUART J Street Address (P.O. Box Number is Not Acceptable) 17353 SILVER CREEK COURT CLERMONY, FL. 34711 1038 TAWNY 02 City G ROVE CAND 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 STUART . J. AUSTIN SIGNATURE. Signature: Typed or orini \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2097 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete TITLE Change AUSTIN STUART J AUSTIN, STUART J NAME NAME 1038 TAWNY EAGLE ORIVE STREET ADDRESS 17353 SILVER CREEK CT STREET ADDRESS CITY-ST-ZIP CLERMONT, FL 34711 GROVELAND FL 34736 CITY-ST-ZIP TITLE VPD Delete TITLE UPO Change ☐ Addition AUSTIN, SANDRA J NAME NAME AUSTIN SANDRA J STREET ADDRESS 17353 SILVER CREEK CT STREET ADDRESS 1038 TAWNY EAGLE DRIVE CITY-ST-ZIP CLERMONT, FL 34711 CITY-ST-ZIP GROVELAND FL 34736 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 truths like empowered.

STUART. J.

O TYPED OR PRINTED NAME OF SIGNING OFFICER OR ORECTOR

SIGNATURE:

Austin

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FILED

Jan 08, 2007 8:00 am