


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90180 005 \*\*\*150.00

DOCUMENT # P04000109298

1. Entity Name  
 ANJAN ENTERPRISES USA, INC.



Principal Place of Business 243 W. PARK AVENUE SUITE 201 WINTER PARK, FL 32789 US	Mailing Address 243 W. PARK AVENUE SUITE 201 WINTER PARK, FL 32789 US
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50022296



2. Principal Place of Business 8951 BONITA BEACH ROAD SUITE 555	3. Mailing Address 8951 BONITA BEACH ROAD SUITE 555
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01212005 Chg-P CR2E034 (10/03)

City & State BONITA SPRINGS FL	City & State BONITA SPRINGS FL	4. FEI Number 20-1946971	Applied For Not Applicable
Zip 34135-4229	Country USA	Zip 34135-4229	Country USA

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

6. Name and Address of Current Registered Agent

LARSEN, ERIK C  
 243 W. PARK AVENUE  
 SUITE 201  
 WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name **WILLIAM E. STOPPS CPA**  
 Street Address (P.O. Box Number Is Not Acceptable)  
**28179 VANDERBILT DRIVE**  
**SUITE 2**  
 City **BONITA SPRINGS FL** Zip Code **34134-7587**

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 William Stopps **WILLIAM E. STOPPS CPA** DATE **1-21-2005**

Signature, typed or printed name of registered agent and to be filled if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUNPHY, A J 3 HIGHBANK, DELAHAYS ROAD HALE, CHESHIRE, UK WA15 8DZ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DUNPHY, JANET V 3 HIGHBANK, DELAHAYS ROAD HALE, CHESHIRE, UK WA15 8DZ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 23120 TREE CREST COURT BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 23120 TREE CREST COURT BONITA SPRINGS, FL 34134-7587
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"/> Change <input type="checkbox"/> Addition
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: A.J. Dunphy **A.J. DUNPHY, PRESIDENT** Date **02/27/05** (239) 992-9299

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