


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

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

|   |  |                                 |   |   |  |
|---|--|---------------------------------|---|---|--|
| <b>DOCUMENT # P04000109298</b><br>1. Entity Name<br><b>ANJAN ENTERPRISES USA, INC.</b>  |  |                                 |   |  |  |
| Principal Place of Business<br><b>243 W. PARK AVENUE<br/>SUITE 201<br/>WINTER PARK, FL 32789 US</b>   |  |                                 | Mailing Address<br><b>243 W. PARK AVENUE<br/>SUITE 201<br/>WINTER PARK, FL 32789 US</b>   |   |  |
| 2. Principal Place of Business<br><b>8951 BONITA BEACH ROAD<br/>Suite, Apt. #, etc.<br/>SUITE 555<br/>City &amp; State<br/>BONITA SPRINGS FL<br/>Zip<br/>34135-4229 Country<br/>USA</b>   |  |                                 | 3. Mailing Address<br><b>8951 BONITA BEACH ROAD<br/>Suite, Apt. #, etc.<br/>SUITE 555<br/>City &amp; State<br/>BONITA SPRINGS FL<br/>Zip<br/>34135-4229 Country<br/>USA</b>   |   |  |
| 4. FEI Number<br><b>20-1946971</b>  |  |                                 | Applied For<br><input type="checkbox"/> Not Applicable  |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |  |                                 | 01212005 Chg-P CR2E034 (10/03)  |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>LARSEN, ERIK C<br/>243 W. PARK AVENUE<br/>SUITE 201<br/>WINTER PARK, FL 32789</b>   |  |                                 | 7. Name and Address of New Registered Agent<br>Name <b>WILLIAM E. STOPPS CPA</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>28179 VANDERBILT DRIVE<br/>SUITE 2</b><br>City <b>BONITA SPRINGS FL</b> Zip Code <b>34134-7587</b> |   |  |
| 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.<br>SIGNATURE <u><i>William E. Stopps</i></u> <b>WILLIAM E. STOPPS CPA</b> <b>1-21-2005</b><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |                                 |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |  |                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |   |  |
| 10. OFFICERS AND DIRECTORS  |  |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>DUNPHY, A J<br>3 HIGHBANK, DELAHAYS ROAD<br>HALE, CHESHIRE, UK WA15 8DZ      | <input type="checkbox"/> Delete |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPD<br>DUNPHY, JANET V<br>3 HIGHBANK, DELAHAYS ROAD<br>HALE, CHESHIRE, UK WA15 8DZ | <input type="checkbox"/> Delete |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                                 |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                                 |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                                 |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                                 |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                                 |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                                 |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                                 |   |   |  |
| 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: <u><i>A.J. Dunphy</i></u> <b>A.J. DUNPHY, PRESIDENT</b> <b>02/27/05 (239) 992-9299</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |                                 |   |   |  |

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