

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000119056

Entity Name: JARAT (USA), INC

FILED  
Apr 11, 2006  
Secretary of State

## Current Principal Place of Business:

880 SW ST. LUCIE WEST BLVD  
PORT LUCIE, FL 34986

## New Principal Place of Business:

## Current Mailing Address:

880 SW ST. LUCIE WEST BLVD  
PORT LUCIE, FL 34986

## New Mailing Address:

FEI Number: 47-0967017

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAMBIDGE, SUSAN  
880 SW ST. LUCIE WEST BLVD  
PORT LUCIE, FL 34986 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HAMBIDGE, SUSAN  
Address: 880 SW ST. LUCIE WEST BLVD  
City-St-Zip: PORT LUCIE, FL 34986

Title: VD ( ) Delete  
Name: HAMBIDGE, DEREK  
Address: 880 SW ST. LUCIE WEST BLVD  
City-St-Zip: PORT LUCIE, FL 34986

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN HAMBIDGE

PD

04/11/2006

Electronic Signature of Signing Officer or Director

Date