

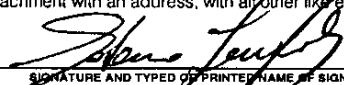


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90265 007 ***150.00

DOCUMENT # P04000125076					
1. Entity Name ASSUT EUROPE USA, INC.					
Principal Place of Business 1200 CLINT MOORE RD. STE #1 BOCA RATON, FL 33487 US			Mailing Address 1200 CLINT MOORE RD. STE #1 BOCA RATON, FL 33487 US		
2. Principal Place of Business 6600 W. Rogers CIR Suite, Apt. #, etc. SUITE #1 City & State BOCA RATON, FL Zip 33487		3. Mailing Address 6600 W. Rogers CIR Suite, Apt. #, etc. SUITE #1 City & State BOCA RATON, FL Zip 33487			
Country US		Country US		01102006 Chg-P CR2E034 (11/05)	
4. FEI Number 20-1577807				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent IMPROTA, CATERINA E 1200 CLINT MOORE RD. STE #1 BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES IMPROTA, CATERINA E 1200 CLINT MOORE RD., STE #1 BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pres Improta, Caterina E. 6600 W. Rogers Circle, Ste 1 Boca Raton, FL 33487-2805	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECR IMPROTA, LUCIO 1200 CLINT MOORE RD., STE #1 BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secr Improta, Lucio 6600 W. Rogers Circle, Ste 1 Boca Raton, FL 33487-2805	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR LONGO, GIUSEPPE 1200 CLINT MOORE RD., STE #1 BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Dir Longo, Giuseppe 6600 W. Rogers Circle, Ste 1 Boca Raton, FL 33487-2805	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	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"/> Delete	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 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 other like empowered.					
SIGNATURE:  CATERINA IMPROTA 01-10-06 561-443-3321					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					