2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 27, 2007 08:00 AN Secretary of State DOCUMENT # P04000143140 1. Entity Name OHM USA CORPORATION Principal Place of Business Mailing Address 18306 WEYBURNE AENUE 18306 WEYBURNE AENUE TAMPA, FL 33647 US TAMPA, FL 33647 US No Chg-P CR2E034 (11/05) 02162007 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1775991 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PAVASIA, HANSA R DO NOT WRITE 18306 WEYBURNE AENUE **TAMPA, FL 33647** IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME PAVASIA, HANSA R 18306 WEYBURNE AVENUE STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33647** HILE PAVASIA, RAJENDRA B NAME /////00000649635 03/07/07#80057#010%150%00 STREET ADDRESS 18306 WEYBURNE AVENUE CITY-ST-ZIP **TAMPA, FL 33647** TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not quality 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.

NTED NAME OF SIGNING OFFICER OR PARECTOR

SIGNATURE:

02/21/07

Date

FILED

813-389-4507