


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2007 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # P05000136775</b><br>1. Entity Name<br><b>NEWCO USA, CORP</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>8297 CHAMPIONS GATE BLVD<br/>#363<br/>CHAMPIONS GATE, FL 33896 US</b> | Mailing Address<br><b>8297 CHAMPIONS GATE BLVD<br/>#363<br/>CHAMPIONS GATE, FL 33896 US</b> |
|---|---|



07092007 No Chg-P CR2E034 (11/05)

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|   |  |
|---|--|
| 4. FEI Number<br><b>20-4548085</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br><b>HEXAGON INTERNATIONAL, INC<br/>8297 CHAMPIONS GATE BLVD<br/>#200<br/>CHAMPIONS GATE, FL 33896</b> |
|---|

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

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

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PT<br>BYCROFT, ANTHONY R<br>8297 CHAMPIONS GATE BLVD #363<br>CHAMPIONS GATE, FL 33896 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VS<br>BYCROFT, CHRISTINE<br>8297 CHAMPIONS GATE BLVD #363<br>CHAMPIONS GATE, FL 33896 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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07/11/07-80005-021 550.00

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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:**  **ANTHONY R BYCROFT** 7/8/07 863-420-1161  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #