


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 07, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000150169	
1. Entity Name EUROTYRE USA INC.	

Principal Place of Business 40347 US HWY 19 NORTH SUITE 207 TARPON LAKE CENTER TARPON SPRINGS, FL 34689 US	Mailing Address 40347 U.S. HWY 19 NORTH, SUITE #207 TARPON LAKE CENTER TARPON SPRINGS, FL 34689 US
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07022007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 54-2188719	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  METCALFE, MAURICE 40347 U.S. HWY 19 NORTH, SUITE #207 TARPON LAKE CENTER TARPON SPRINGS, FL 34689
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**DO NOT WRITE  
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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES METCALFE, MAURICE 40347 U.S HWY 19 NORTH, SUITE #207 TARPON SPRINGS, FL 34689
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09/07/07-80002-019 150.00

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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: M. MAURICE METCALFE Date: SEP 4 2007 Daytime Phone #: 727-241-105