

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000166712

FILED
May 01, 2007
Secretary of State

Entity Name: REHABITAT USA, INC.

Current Principal Place of Business:

510 DOUGLAS AVENUE
SUITE 1025
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

POST OFFICE BOX 160-158
ALTAMONTE SPRINGS, FL 32716

New Principal Place of Business:

510 DOUGLAS AVENUE
SUITE 1025
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

POST OFFICE BOX 160-158
ALTAMONTE SPRINGS, FL 32716 US

FEI Number: 22-3919508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEMIEUX, JOHN E
510 DOUGLAS AVE.
STE 1025
ALTAMONTE SPRINGS, FL 32714 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: LEMIEUX, JOHN E
Address: 510 DOUGLAS AVENUE, SUITE 1025
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify 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: JOHN E LEMIEUX

PSTD

05/01/2007

Electronic Signature of Signing Officer or Director

Date