


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90018 030 \*\*\*158.75

<b>DOCUMENT # P06000036310</b> 1. Entity Name <b>US TREUHAND CORPORATION</b>			
Principal Place of Business <b>5211 INTERNATIONAL DR ORLANDO, FL 32819</b>		Mailing Address <b>5211 INTERNATIONAL DR ORLANDO, FL 32819</b>	
2. Principal Place of Business - No P.O. Box # <b>4705 S. Apopka Vineyard Rd</b> Suite, Apt. #, etc. <b>Suite 201</b>		3. Mailing Address <b>4705 S. Apopka Vineyard Rd</b> Suite, Apt. #, etc. <b>Suite 201</b>	
City & State <b>ORLANDO, FL.</b>		City & State <b>ORLANDO, FLA.</b>	
Zip <b>32819</b>		Zip <b>32819</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>57-1230995</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		01082008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>ESTEIN, LOTHAR C/O ESTEIN &amp; ASSOCIATES USA, LTD. 5211 INTERNATIONAL DR ORLANDO, FL 32819</b>		7. Name and Address of New Registered Agent Name <b>ESTEIN, LOTHAR C/O ESTEIN &amp; ASSOC. USA, LTD.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4705 S. Apopka Vineyard Road</b> Suite 201 City <b>Orlando</b> <b>FL</b> Zip Code <b>32819</b>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>D</b> NAME <b>ESTEIN, LOTHAR</b> STREET ADDRESS <b>5211 INTERNATIONAL DR</b> CITY-ST-ZIP <b>ORLANDO, FL 32819</b>	<input type="checkbox"/> Delete	TITLE <b>D</b> NAME <b>ESTEIN, LOTHAR</b> STREET ADDRESS <b>4705 S. Apopka Vineyard Rd, STE. 201</b> CITY-ST-ZIP <b>ORLANDO, FL. 32819</b>	<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
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.			
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2/12/08 (407) 909-2200 Date Daytime Phone #	