

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000097858

Entity Name: DB USA HOLDINGS, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

4450 E WINDMILL DRIVE
#107
INVERNESS, FL 34453

Current Mailing Address:

PO BOX 624
INVERNESS, FL 34451

New Principal Place of Business:

4450 E WINDMILL DRIVE
#107
INVERNESS, FL 34453 US

New Mailing Address:

4450 E WINDMILL DRIVE
#107
INVERNESS, FL 34453 US

FEI Number: 84-1714607

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALLAHAN, BRIAN A
1539 SE 80TH STREET
OCALA, FL 34480 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CALLAHAN, BRIAN A
Address: 1539 SE 80TH STREET
City-St-Zip: OCALA, FL 34480

Title: D () Delete
Name: BALK, JOS M
Address: LEESUMSESTRAATWEG 13
City-St-Zip: 3941 NL DOOM, NETHERLANDS, XX

Title: S () Delete
Name: IVANOV, SIMONA
Address: 4450 E WINDMILL DRIVE
City-St-Zip: INVERNESS, FL 34453

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CALLAHAN, BRIAN A
Address: 1539 SE 80TH STREET
City-St-Zip: OCALA, FL 34480 US

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

Title: S (X) Change () Addition
Name: IVANOV, SIMONA
Address: 4450 E WINDMILL DRIVE
City-St-Zip: INVERNESS, FL 34453

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: SIMONA IVANOV

S

04/30/2009

Electronic Signature of Signing Officer or Director

Date