

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000118050

FILED
Aug 26, 2009
Secretary of State**Entity Name:** NEXT GENERATION-USA, INC.**Current Principal Place of Business:**1777 TAMIAMI TRAIL,
SUITE 400
PORT CHARLOTTE, FL 33948**New Principal Place of Business:****Current Mailing Address:**P. O. BOX 380909
MURDOCK, FL 339380909**New Mailing Address:****FEI Number:** 26-1313819**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DAVISON, ROSEMARY
1777 TAMIAMI TRAIL
SUITE 400
PORT CHARLOTTE, FL 33948 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**OFFICERS AND DIRECTORS:**

Title: P/D () Delete
Name: HARRINGTON, SIMON
Address: 4206 WINONA STREET
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VP/D () Delete
Name: WATSON, MICHAEL
Address: 12 TYNE VIEW, CLARA VALE
City-St-Zip: RYTON, TYNE & WEAR, UK NE40 3SZ UK

Title: D () Delete
Name: CALLAN, ROBERT
Address: 1777 TAMIAMI TRAIL, SUITE 400, BOX 27
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VP/D () Delete
Name: DAVISON, ROSEMARY
Address: 4206 WINONA STREET
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: VP/D () Change (X) Addition
Name: FOSTER, RIDLEY
Address: 5G TANFIELD LEA BUSINESS CENTRE
City-St-Zip: STANLEY COUNTY DURHAM, UK DH9 9UU UK

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: ROSEMARY DAVISON

VP/D

08/26/2009

Electronic Signature of Signing Officer or Director_____
Date