2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000012312

Entity Name: NMT USA, INC

FILED Jan 15, 2009 Secretary of State

		, ii (C.				
Current Principal Place of Business:				New Principal Place	New Principal Place of Business:	
4615 GUL	F BOULEVAF	RD				
116 ST DETER	RSBURG, FL	33706	US			
			00	AL . BA . 11. A. L. L.		
Current Mailing Address:				New Mailing Address	New Mailing Address:	
116	F BOULEVAR		LIC.			
SI. PETE	RSBURG, FL	33/06	US			
FEI Number	: 26-1890973	FEI No	ımber Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address o	Name and Address of New Registered Agent:	
4658 MIRA	E, JOSEPH P ABELLA COU RSBURG, FL		US	JENSEN, PAUL C 2001 16TH STREET N SAINT PETERSBURG		
The above in the State	e named entity e of Florida.	submits	this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: PAUL C JENSEN					01/15/2009	
	Electro	nic Sign	ature of Registered Ag	gent	Date	
Election Car	mpaign Financi	ng Trust F	und Contribution ().			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (SCHULTE, JC 4658 MIRABE ST. PETERSE	LLA COUF		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DIX, FRITS		WESTERWEG 59	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPTD (VAN ELK, STE 1462 EJ MIDE NETHERLANE	DENBEEMS	STER	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S (SKOGLUND,) Delete KEVIN		Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: JOSEPH P SCHULTE PD 01/15/2009

4615 GULF BLVD, SUITE 116

ST. PETERSBURG, FL 33706

Address:

City-St-Zip: