


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P15407
 1. Entity Name
BUDENHEIM USA, INC.



Principal Place of Business Mailing Address
245 NEWTON ROAD **245 NEWTON ROAD**
305 **305**
PLAINVIEW, NY 11803 US **PLAINVIEW, NY 11803 US**

DO NOT WRITE IN THIS SPACE



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
11-1768628 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DC CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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I, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR KOHLPAINTNER, CHRISTIAN 245 NEWTON ROAD PLAINVIEW, NY 11803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR SCHAUB, HARALD 245 NEWTON ROAD PLAINVIEW, NY 11803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR LIM, DOUGLAS 245 NEWTON ROAD PLAINVIEW, NY 11803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR LESSER, MICHAEL 245 NEWTON ROAD PLAINVIEW, NY 11803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS MORRILL, DINA 245 NEWTON ROAD PLAINVIEW, NY 11803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE: *Jinfa Sun* Date: *1/16/08* Daytime Phone #: *516 683-6900*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR