


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P28605  
 1. Entity Name  
 ALBERT USTER IMPORTS, INC.



Principal Place of Business  
 9211 GAITHER ROAD  
 GAITHERSBURG, MD 20877-1419

Mailing Address  
 P.O.B 770  
 GAITHERSBURG, MD 20884-0770

**DO NOT WRITE IN THIS SPACE**



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number 52-1174968	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

PRENTICE HALL/CSC  
 1201 HAYES ST.  
 STE. 105  
 TALLAHASSEE, FL 32301

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ 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, 2006 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	TD USTER, ALBERT 9211 GAITHER ROAD GAITHERSBURG, MD 20877
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRAUN, PHILLIP 9211 GAITHER ROAD GAITHERSBURG, MD 20877
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHERER, RUEDI 9211 GAITHER RD GAITHERSBURG, MD 20877
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUESCH, JEANNE 9211 GAITHER RD GAITHERSBURG, MD 20877
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D USTER, HANS P 9211 GAITHER RD GAITHERSBURG, MD 20877
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LIGHT, SUE 9211 GAITHER ROAD GAITHERSBURG, MD 20877

U00000538750  
 05/09/06-80112-008 150.00

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE: Robert P. Light 2-22-06 301-258-7350  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #