


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90057 032 \*\*\*150.00

<b>DOCUMENT # P92000011935</b> 1. Entity Name ANGLO-CONTINENTAL MARKETING U.S.A. INC.					
Principal Place of Business 7233 SE MAGELLAN LANE STUART, FL 32997 US <b>34997</b>			Mailing Address 7233 SE MAGELLAN LANE STUART, FL 32997 US <b>34997</b>		
2. Principal Place of Business <b>7233, SE MAGELLAN LANE</b> Suite, Apt. #, etc.			3. Mailing Address <b>7233, SE MAGELLAN LANE</b> Suite, Apt. #, etc.		
City & State <b>STUART, FL.</b>			City & State <b>STUART, FL.</b>		
Zip <b>34997</b>		Country <b>USA</b>		4. FEI Number <b>59-3176749</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  MCCLUNG, SUE-JANE M. 880 A1A BEACH BLVD. APT. 5313 SAINT AUGUSTINE, FL 32084				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCLUNG, SUE-JANE M APT 5313 880 A1A BEACH BLVD ST AUGUSTINE, FL 32080	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T MANDIC, MARGOT W APT 5313 880 A1A BEACH BLVD ST AUGUSTINE, FL 32080	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANDIC, ZELJKO P APT 5313 880 A1A BEACH BLVD ST AUGUSTINE, FL 32080	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <i>Sueclung</i> <b>SUE-JANE MCCLUNG</b> <b>3-8-06</b> <b>772-463-7050</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		