2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000088005

Entity Name: M.G.I. USA, INC.

FILED Jun 16, 2006 Secretary of State

Current P						
Current Principal Place of Business:				New Principal Place of Business:		
1600 SARI #118	NO RD					
–	RNE, FL 32935					
Current Mailing Address:				New Mailing Address:		
1600 SARI #118	NO RD					
	RNE, FL 32935					
FEI Number	: 59-3343346	FEI Number Applie	ed For () FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registere	d Agent:	Name and Address	of New Registered Agent:	
1600 SARI SUITE #11 MELBOUF The above	18 RNE, FL 32935		nent for the purpose o	f changing its register	ed office or registered agent, or both,	
SIGNATUI	RE:					
	Electroni	ic Signature of Re	gistered Agent		Date	
			poration did not receive t	he prior notice.		
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
					SES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ABERGEL, EDM 161 AVENUE DE		04	Title: Name: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTORS: () Change () Addition	
Name: Address:	ABERGEL, EDM 161 AVENUE DE IVRY/SEINE CEI D () ABERGEL, VICT 161 AVENUE DE	IOND EVERDON DEX, FRANCE, 9421 Delete TOR		Name: Address:		
Name: Address: City-St-Zip: Title: Name: Address:	ABERGEL, EDM 161 AVENUE DE IVRY/SEINE CEI D () ABERGEL, VICT 161 AVENUE DE IVRY/SEINE CEI D () ABERGEL, EVEI 161 AVENUE DE	IOND E VERDON DEX, FRANCE, 9420 Delete OR E VERDON DEX, FRANCE, 9420 Delete LYNE	04	Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	
lame: Address: City-St-Zip: Citle: Jame: Address: City-St-Zip: City-St-Zip: Jame: Address:	ABERGEL, EDM 161 AVENUE DE IVRY/SEINE CEI D () ABERGEL, VICT 161 AVENUE DE IVRY/SEINE CEI D () ABERGEL, EVEI 161 AVENUE DE IVRY/SEINE CEI V () ABERGEL, MICH 1 INWOOD WAY	IOND E VERDON DEX, FRANCE, 9420 Delete FOR E VERDON DEX, FRANCE, 9420 Delete LYNE E VERDUN DEX, FRANCE, 9420 DEX, FRANCE, 9420 Delete HAEL	04	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL ABERGEL VP 06/16/2006