

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90012 034 ***158.75

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000017423			
1. Entity Name HTC USA, INC.			
Principal Place of Business 3643 CORTEZ RD W 200 BRADENTON, FL 34210-3157 US		Mailing Address 3643 CORTEZ RD W 200 BRADENTON, FL 34210-3157 US	
2. Principal Place of Business 1943 60 th PLACE E.		3. Mailing Address 1943 60 th PLACE E.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BRADENTON, FL		City & State BRADENTON, FL	
Zip 34203	Country FLORIDA	Zip 34203	Country FLORIDA
4. FEI Number 65-0753420		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KETHLEEN, GALLEN 3643 CORTEZ RD W 200 BRADENTON, FL 34210-3157		7. Name and Address of New Registered Agent Name JOANNE GODWIN Street Address (P.O. Box Number is Not Acceptable) 1943 60 th PLACE E City BRADENTON FL Zip Code 34203	
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: JOANNE GODWIN (NOTE: Registered Agent signature required when reinstating) 1/24/05 Signature, typed or printed name of registered agent and title if applicable. DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT BLASKOVIC, VLADIMIR 1209 86TH CT NW BRADENTON, FL 34209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/28/05 541-751-1717 Date Daytime Phone	