

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000018903

Entity Name: PORPHYRY USA, INC.

FILED  
Jul 30, 2007  
Secretary of State

## Current Principal Place of Business:

7945 MACARTHUR BOULEVARD  
SUITE #220  
CABIN JOHN, MD 20818 US

## Current Mailing Address:

C/O JAMES L. KARL II, ESQ.  
971 N. COLLIER BLVD.  
MARCO ISLAND, FL 34145 US

FEI Number: 59-3430868

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KARL, JAMES L II ESQ  
971 N. COLLIER BLVD.  
MARCO ISLAND, FL 34145 US

## New Principal Place of Business:

5272 RIVER ROAD  
SUITE 365  
BETHESDA, MD 20816 US

## New Mailing Address:

C/O JAMES L. KARL II, ESQ.  
678 BALD EAGLE DRIVE  
MARCO ISLAND, FL 34145 US

## Name and Address of New Registered Agent:

KARL, JAMES L II ESQ  
678 BALD EAGLE DRIVE.  
MARCO ISLAND, FL 34145 US

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.

SIGNATURE:

07/30/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P T ( ) Delete  
Name: MATTIACE, EZIO  
Address: 7945 MACARTHUR BLVD., STE 220  
City-St-Zip: CABIN JOHN, MD 20818 US

Title: V ( ) Delete  
Name: ODORIZZI, CARLO  
Address: 7945 MACARTHUR BLVD., STE 220  
City-St-Zip: CABIN JOHN, MD 20818 US

Title: D ( ) Delete  
Name: ODORIZZI, TIZIANO  
Address: 7945 MACARTHUR BLVD., STE 220  
City-St-Zip: CABIN JOHN, MD 20818 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P T (X) Change ( ) Addition  
Name: ODORIZZI, TIZIANO  
Address: 5272 RIVER ROAD, SUITE 365  
City-St-Zip: BETHESDA, MD 20816 US

Title: V (X) Change ( ) Addition  
Name: ODORIZZI, CARLO  
Address: 5272 RIVER ROAD, SUITE 365  
City-St-Zip: BETHESDA, MD 20816 US

Title: S (X) Change ( ) Addition  
Name: ZANABONI, MANUELA  
Address: 5272 RIVER ROAD, SUITE 365  
City-St-Zip: BETHESDA, MD 20816 US

I hereby certify that the information supplied with this filing does not qualify 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: MANUELA ZANABONI

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07/30/2007

Electronic Signature of Signing Officer or Director

Date