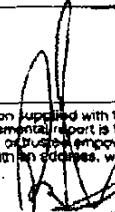


FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90011 019 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P97000036054																														
1. Entity Name ROBERT G. HARRISON SALES U.S.A., INC.																														
Principal Place of Business 4801 S. UNIVERSITY DRIVE SUITE 3090 DAVIE, FL 33062		Mailing Address 4801 S. UNIVERSITY DRIVE SUITE 3090 DAVIE, FL 33062																												
DO NOT WRITE IN THIS SPACE 01102007 No Chg-P CR2E034 (11/05) 4. FEI Number 65-0827191 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																														
6. Name and Address of Current Registered Agent ACCUPLY SERVICES CORP. 4801 S. UNIVERSITY DRIVE SUITE 3090 DAVIE, FL 33328																														
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 _____ (NOTE: Registered Agent signature required when directing) Signature typed or printed name of registered agent and title if applicable. DATE _____																														
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																												
10. OFFICERS AND DIRECTORS <table border="1"> <thead> <tr> <th>TITLE</th> <th>NAME</th> <th>STREET ADDRESS</th> <th>CITY - ST - ZIP</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>HARRISON, ROBERT G</td> <td>226 B ST, LEGER STREET</td> <td>KITCHENER, ONTARIO CANADA N2H4M5</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> </tr> </tbody> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	P	HARRISON, ROBERT G	226 B ST, LEGER STREET	KITCHENER, ONTARIO CANADA N2H4M5	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP																											
P	HARRISON, ROBERT G	226 B ST, LEGER STREET	KITCHENER, ONTARIO CANADA N2H4M5																											
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP																											
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP																											
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP																											
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP																											
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP																											
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:  R G HARRISON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 1/31/07 DAY: 59-624-8967																														