


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000081271</b> 1. Entity Name GREEN REEFERS (USA), INC.	
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<b>Principal Place of Business</b> 677 GEORGE KING BLVD # 116 CAPE CANAVERAL, FL 32920	<b>Mailing Address</b> 677 GEORGE KING BLVD # 116 CAPE CANAVERAL, FL 32920
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07012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3468944	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  HINDS, RHONDA L. 300 MAGNOLIA AVENUE, SUITE A MERRITT ISLAND, FL 32952
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**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAUGE, ODO ARNE PO BOX 145, NORTH 5032 MINDE NORWAY,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBSEN, TRYM P.O. BOX 145, N-5032 MINDE NORWAY,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THULIN, ERIK P.O. BOX 145 MINDE, NORWAY, N-514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000164083  
07/07/04-80030-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Rhonda L. Hinds Rhonda L. Hinds  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 6/30/04 Daytime Phone # 321.451.2266