
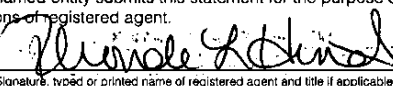
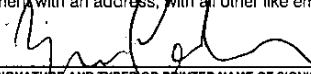


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2005 8:00 am**  
**Secretary of State**

03-22-2005 90011 019 \*\*\*150.00

<b>DOCUMENT # P97000081271</b> 1. Entity Name <b>GREEN REEFERS (USA), INC.</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</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>4005 Rosepoint Ct.</b> Suite, Apt. #, etc.			
City & State  Zip      Country		City & State <b>Tampa FL</b> Zip      Country <b>33614 USA</b>		4. FEI Number <b>59-3468944</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		01182005      Chg-P      CR2E034 (10/03)			
6. Name and Address of Current Registered Agent  <b>HINDS, RHONDA L. 300 MAGNOLIA AVENUE, SUITE A MERRITT ISLAND, FL 32952</b>			7. Name and Address of New Registered Agent Name <b>Rhonda L. Hinds</b> Street Address (P.O. Box Number is Not Acceptable) <b>515 N. Courtney Pkwy</b> <b>Suite 202</b> City <b>Merritt Island</b> <b>FL</b> Zip Code <b>32953</b>		
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)					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing, Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11----</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAUGE, ODO ARNE</b> <b>PO BOX 145, NORTH 5032 MINDE</b> <b>NORWAY,</b>	<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	<b>D</b> <b>JACOBSEN, TRYM</b> <b>P.O. BOX 145, N-5032 MINDE</b> <b>NORWAY,</b>	<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	<b>D</b> <b>THULIN, ERIK</b> <b>P.O. BOX 145</b> <b>MINDE, NORWAY, N-514</b>	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b>  <b>TRYM JACOBSEN</b> <b>MARCH 15, 2005</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					