2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000031050

1. Entity Name
EURO SHINE U.S.A., INC.

Principal Place of Business	Mailing Address
13359 CHAMBORD STREET BROOKSVILLE, FL 34613	13359 CHAMBORD STREET BROOKSVILLE, FL 34613

DO NOT WRITE IN THIS SPACE

04042007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3505915	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CRAWFORD, HEATHER G
13359 CHAMBORD STREET
BROOKSVILLE, FL 34613

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	VAN STYN, HERBERT E
STREET ADDRESS	2096 MAXIMILLIAN AVENUE
CITY-ST-ZIP	SPRING HILL, FL 34609
TITLE	DPST
NAME	CRAWFORD, HEATHER G
STREET ADDRESS	13359 CHAMBORD STREET
CITY-ST-ZIP	BROOKSVILLE, FL 34613

U00000704448
04/23/07-80011-016 150.00

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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: _Ingo Van Styn_   4-10-07   352-596-4555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #