


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90153 018 \*\*\*158.75

<b>DOCUMENT # P98000066840</b> 1. Entity Name SCB USA, INC.					
Principal Place of Business 2496 18TH AVE NE NAPLES, FL <del>34102</del> <b>34120</b>			Mailing Address 2496 18TH AVE NE NAPLES, FL <del>34102</del> <b>34120</b>		
2. Principal Place of Business <b>2496 18TH AVE NE</b> Suite, Apt. #, etc.			3. Mailing Address <b>2496 18TH AVE NE</b> Suite, Apt. #, etc.		
City & State <b>NAPLES, FL</b>		City & State <b>NAPLES, FL</b>		4. FEI Number 65-0855463	
Zip <b>34120</b>		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  SCHUBERT, GUNTER H 2496 18TH AVE NE NAPLES, FL <del>34102</del> <b>34120</b>				7. Name and Address of New Registered Agent Name <b>DR. GUNTER H. SCHUBERT</b> Street Address (P.O. Box Number is Not Acceptable) <b>2496 18TH AVE NE</b>  City <b>NAPLES</b> FL Zip Code <b>34120</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: <u><i>Gunter H. Schubert</i></u> <b>SCHUBERT</b> <span style="float: right;">04/21/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>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>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDTS SCHUBERT, GUNTER 2496 18TH AVE NE NAPLES, FL 34102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDTS DR. GUNTER H. SCHUBERT 2496 18TH AVE NE NAPLES, FL 34120	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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		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		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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u><i>Gunter H. Schubert</i></u> <b>SCHUBERT</b> <span style="float: right;">04/21/05 239-465-9203</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					