2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 17, 2008 08:00 All Secretary of State DOCUMENT # P98000080154 1. Entity Name KESTREL INTERNATIONAL U.S.A., INC. Mailing Address Principal Place of Business 102 W. WHITING ST P.O. BOX 1212 TAMPA, FL 33601 US 201 TAMPA, FL 33602 02112008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3533597 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE WILLIES, PAUL 13112 TOWNSEND LANE TAMPA, FL 33612 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 Signature, typed or printed name of registered agent and little if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 U000000904402 Trust Fund Contribution. Added to Fees 05/01/08-goott OFFICERS AND DIRECTORS 10. TITLE NAME DANE, WILLIAM DANIEL 18170 LE CHATELET EN BERRY STREET ADDRESS **FRANCE** CITY -ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 a r like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. DANIEL DANE

15- APRIL 208 813-258-5793 Date

FILED