2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000086603

1. Entity Name
JAYMOR U.S.A., INC.

Principal Place of Business	Mailing Address
C/O HARRIS CRAMER LLP 1556 PALM BEACH LAKES BLVD, STE 310 WEST PALM BEACH, FL 33401	C/O HARRIS CRAMER LLP 1556 PALM BEACH LAKES BLVD, STE 310 WEST PALM BEACH, FL 33401
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01092006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0880728 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

HARRIS, CRAMER LLP
1556 PALM BEACH LAKES BLVD, STE 310
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name: Harris Cramer LLP
Street Address (P.O. Box Number is Not Acceptable): 1555 Palm Beach Lakes Boulevard
Suite 310
City: West Palm Beach FL Zip Code 33401

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] Harris Cramer LLP by Daryl Cramer & Associates, P.A., Partner, by Daryl B. Cramer, President 3/6/06

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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD MYERS, WILLIAM P 105 WEST BEAVER CREEK, UNITS 9&10 RICHMOND HILL, ONT CANADA, l4b 1c6 ☐ Delete	☐ Change ☐ Addition U00000480160 04/10/06-80033-001 158.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD LUCCHESE, FABRIZIO 105 WEST BEAVER CREEK, UNITS 9&10 RICHMOND HILL, ONT CANADA, l4b 1c6 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition

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: [signature], Fabrizio Lucchese 2/22/06 905-882-1212

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