2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT								2006 JUN 23 PM 12: 56					
DOCUMENT # P98000093450 1. Entity Name NOVOPAN (USA), INC.										TARY I	OE STA	TC	
Principal Place of Business Mailing Address						-							
4333 SILVER STAR RD				4333 SILVER STAR RD.									
#170 Orlando, Fl 32808				#170 Orlando, fl 32808				1 (174 (186) 1	A (era) jeni era atın sır	T BOOK FILOD JO	A ECETI EUN BE	MBBA O LOBA	
2. Principal Place of Business			3.	3. Mailing Address									
Suite, Apt. 4, etc.				Suite, Apt. #, etc.			05222008	Chg-P	CR2E0	34 (11/05)			
City & State				City & State				4. FEI Numb 59-356			<u> </u>	plied For X Applicable	
Zip	Country			Zip Coun		itry	5. Certificate of Status Desired			\$8.75 Additional Fee Required			
····	6. Name	and Address of Cur	rrent Regis	tered Agent		7. Name and Address of New Registered Agent							
GULER, MUJDAT				Name									
847 MT. PLEASANT DRV OCOEE, FL 34761							Street Address (P.O. Box Number is Not Acceptable)						
						City				FL	Zip Cod	8	
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 agens and take if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
FILE NOWIII FEE IS \$550.00 9. Election Campaign Final Due by September 6, 2006 Trust Fund Contribution						ncing 🔲	\$5. Add	00 May Be ad to Fees	<u> </u>				
10.	r	OFFICERS	AND DIREC	CTORS	11.		<i>y.</i>	ADDITIONS.	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE NAME	D GULER, M	MUIDAT .		Ociete	TITLI	1	•				Change	Addition	
STREET ADDRESS	4333 SILVER STAR RD. #170					ET ADORESS							
CITY-ST-ZIP		O, FL 32808			─	-ST-ZIP							
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NAME					NAM	•	~	1/2	n hi				
STREET ADDRESS CITY-ST-ZIP			\		CITY	EET ADDRESS 1-ST-ZIP	1	6/2	104				
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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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: 6/2/06													
	- · · ·	SIGNATURE AND TYPE	ED OR PROVIDE	NAME OF SIGNING OFFICER	R OR DIREC	TOR			Date	0	eytme Phone #		

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