



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-28-2005 90189 026 \*\*\*150.00

DOCUMENT # P99000056679					
1. Entity Name <b>VISCOUNT (USA) INC.</b>					
Principal Place of Business <b>C/O P O BOX 8218 MADEIRA BEACH, FL 33738</b>			Mailing Address <b>C/O P O BOX 8218 MADEIRA BEACH, FL 33738</b>		
2. Principal Place of Business <b>6822-22nd Avenue Nw Suite, Apt. #, etc. #110</b>		3. Mailing Address <b>6822-22nd Avenue Nw Suite, Apt. #, etc. #110</b>			
City & State <b>St. Petersburg, Florida</b>		City & State <b>St. Petersburg, Florida</b>		02222005 Chg-P CR2E034 (10/03)	
Zip <b>33710</b>		Country <b>USA</b>		4. FEI Number <b>59-3589965</b>	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MITCHELL, DAVID E 5666 SEMINOLE BLVD SUITE 1 SEMINOLE, FL 33772</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable) <b>6822-22nd Avenue Nw</b>		
			#110		
			City <b>St. Petersburg</b> FL Zip Code <b>33710</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: <b>D. Mitchell</b> (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">✓ 2/22/05</span>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D MITCHELL, DAVID E <del>C/O P O BOX 8218</del> <del>MADEIRA BEACH, FL 33738</del>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6822-22nd Avenue Nw #110 St. Petersburg, Florida 33710</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <b>D. Mitchell</b> <span style="float: right;">✓ 2/22/05</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					