


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90210 032 ***158.75

DOCUMENT # P99000065342

1. Entity Name
CAPITAL VENTURES USA, INC.



Principal Place of Business
**2122 SOUTHWEST 34TH STREET
 GAINESVILLE, FL 32608**

Mailing Address
**2122 SOUTHWEST 34TH STREET
 GAINESVILLE, FL 32608**

2. Principal Place of Business - No P.O. Box #
5200 W Newberry Rd

3. Mailing Address
5200 W Newberry Rd


Suite, Apt. #, etc.
D-6

City & State
Gainesville, FL

City & State
Gainesville, FL

Zip
32607 Country
USA

40000100



04292008 Chg-P CR2E034 (12/06)

4. FEI Number
59-3588579

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MARION, S D
2122 SOUTHWEST 34TH ST.
GAINESVILLE, FL 32608

7. Name and Address of New Registered Agent

Name
Marion, S D

Street Address (P.O. Box Number is Not Acceptable)
5200 W Newberry Rd

Suite
Suite D-6

City
Gainesville FL Zip Code
32607

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 *S D Marion* **S D Marion President** DATE **4-29-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	PTD MARION, S D 2122 SOUTHWEST 34TH STREET GAINESVILLE, FL 32608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Marion, S D 5200 W Newberry Rd Ste D-6 Gainesville, FL 32607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD DEBUSK, LYNN 2122 SOUTHWEST 34TH STREET GAINESVILLE, FL 32608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD DeBusk, Lynn 5200 W Newberry Rd Ste D-6 Gainesville, FL 32607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: *S D Marion* **S D Marion** DATE **4-29-08** DAYTIME PHONE # **352-376-2274**

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