


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000083515		
1. Entity Name GREEN LEAF USA CORP.		
Principal Place of Business 6820 SHADY ACRES BLVD. NEW PORT RICHEY, FL 34653	Mailing Address 6820 SHADY ACRES BLVD. NEW PORT RICHEY, FL 34653	
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent KRZEMINSKI, MICHAL 6820 SHADY ACRES BLVD NEW PORT RICHEY, FL 34653		DO NOT WRITE IN THIS SPACE
9. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		4. FEI Number 59-3609342
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
10. OFFICERS AND DIRECTORS		U000000302964 04/13/05-80092-015 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRZEMINSKI, MICHAL 6820 SHADY ACRES BLVD. NEW PORT RICHEY, FL 34653	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLOSINSKA, ANETA M 6820 SHADY ACRES BLVD. NEW PORT RICHEY, FL 34653	
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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: <u>Michal Krzeminski</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		04/09/05 (727) 846 0396 <small>Date Daytime Phone #</small>