

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002534

Entity Name: FACILITEC USA, INC.

FILED
Aug 02, 2007
Secretary of State

Current Principal Place of Business:

3851 CLEARVIEW COURT
GURNEE, IL 60031

New Principal Place of Business:

Current Mailing Address:

WILMOTH & ASSOCIATES, P.A.
2317 BLANDING BLVD #206
JACKSONVILLE, FL 32210

New Mailing Address:

PO BOX 581050
PLEASANT PRAIRIE, WI 53158

FEI Number: 20-0920285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILMOTH & ASSOCIATES, P.A.
2317 BLANDING BLVD #206
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MIRZA, DARYL
Address: 5250 W GRAND AVE. #14
City-St-Zip: GURNEE, IL 60031

Title: SEC () Delete
Name: CHRISTIE, MIRZA
Address: 5250 W GRAND AVE. #14
City-St-Zip: GURNEE, IL 60031

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARYL MIRZA

PRES

08/02/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date