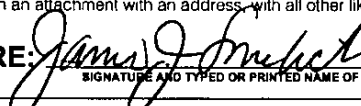


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # 374974		
1. Entity Name UNITED STATES WARRANTY CORP.		
Principal Place of Business 22 NE 22ND AVE POMPANO BEACH, FL 33062		Mailing Address 22 NE 22ND AVE POMPANO BEACH, FL 33062
DO NOT WRITE IN THIS SPACE		
		01182007 No Chg-P CR2E034 (11/05)
4. FEI Number 59-1651866		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DAVIS, WILLIAM F. III 22 NE 22ND AVE POMPANO BCH., FL 33062		DO NOT WRITE IN THIS SPACE
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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
		U000000610324 02/02/07-80015-022 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SILVERMAN, LORI A. 2221 CYPRESS ISLAND DR POMPANO BCH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MACEK, MARK A. 2700 SE 6 ST POMPANO BCH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, WILLIAM F III 22 NE 22 AVE POMPANO BEACH, FL 33062	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMOLICH, JAMES J 318 NW 120TH DR POMPANO BEACH, FL 33071	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  JAMES J. SMOLICH		1/19/07 954-784-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #