

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90032 028 \*\*\*150.00

**DOCUMENT # P01000002748**  
 1. Entity Name  
**ANNA'S SUPERIOR SERVICES USA INC.**



Principal Place of Business      Mailing Address  
 2519 MCMULLEN BOOTH RD #510-139      2519 MCMULLEN BOOTH RD #510-139  
 CLEARWATER, FL 33761      CLEARWATER, FL 33761

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

401063



01202007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
 59-3688926      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
~~JANUSZKIEWICZ ANNA  
 3661 MERIDEN AVE #A  
 OLDSMAR, FL 34677~~

**7. Name and Address of New Registered Agent**  
 Name COLIN ANNA  
 Street Address (P.O. Box Number is Not Acceptable)  
3661 MERIDEN AVE # A  
 City OLDSMAR FL Zip Code 34677

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]      ANNA COLIN  
 Signature, typed or printed name of registered agent and title if applicable      REG-AGENT      DATE 1/22/07  
 (NOTE: Registered Agent signature required when reinstating)

**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

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	JANUSZKIEWICZ, ANNA	
STREET ADDRESS	3661 MERIDEN AVE #A	→
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLIN ANNA	
STREET ADDRESS	3661 MERIDEN AVE # A	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: [Signature]      PRES. ANNA COLIN      DATE 1/22/07      DAYTIME PHONE # 727-776-5949  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #