2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P01000027349

Entity Name: MEDCOMP U.S.A., INC.

Current Principal Place of Business:

1350 S. POWERLINE ROAD
108
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 667140
POMPANO BEACH, FL 33066

New Mailing Address:

FEI Number: 65-1097090 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KUS, CEM
1350 S POWERLINE ROAD
STE 108
POMPANO BEACH, FL 33069 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: P ( ) Delete
Name: KUS, CEM
Address: 5947 NW 65TH TERR
City-St-Zip: PARKLAND, FL 33067

Title: V ( ) Delete
Name: KUS, JANET
Address: 5947 NW 65 TERR
City-St-Zip: PARKLAND, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KUS, CEM
Address: 6155 NW 65TH TERR
City-St-Zip: PARKLAND, FL 33067

Title: VP (X) Change ( ) Addition
Name: KUS, JANET
Address: 6155 NW 65 TERR
City-St-Zip: PARKLAND, FL 33067

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CEM KUS P 04/29/2005

Electronic Signature of Signing Officer or Director — Date