
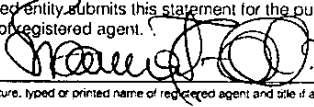
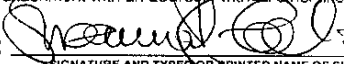


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90220 024 ***558.75

DOCUMENT # P04000021678			
1. Entity Name TECH USABILITY INC.			
Principal Place of Business 2206 MERCER AVE WEST PALM BEACH, FL 33401		Mailing Address 2206 MERCER AVE WEST PALM BEACH, FL 33401	
2. Principal Place of Business 66 Golfview Drive Suite, Apt. #, etc.		3. Mailing Address 66 Golfview Drive Suite, Apt. #, etc.	
City & State Tequesta, Florida		City & State Tequesta, Florida	
Zip 33469	Country USA	Zip 33469	Country USA
4. FEI Number 81-0644159		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRUBB, SUSANNA M 46 OCEAN DRIVE JUPITER, FL 33469		7. Name and Address of New Registered Agent Name SUSANNA M. GRUBB Street Address (P.O. Box Number is Not Acceptable) 66 Golfview Drive City Tequesta FL Zip Code 33469	
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 		DATE 5/18/05	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reissuing)	
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRUBB, SUSANNA M 46 OCEAN DRIVE JUPITER, FL 33469 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T SUSANNA M. GRUBB 66 Golfview Drive Tequesta, FL 33469 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date 5/18/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Susanna M. Grubb		Daytime Phone # (561) 741-3486	
		Pres.	

50054877



05182005 Chg-P CR2E034 (10/03)