


# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
Oct 22, 2008 8:00 A.M.  
Secretary of State


**DOCUMENT # P05000043814**

1. Entity Name  
**US APPLIED MECHANICS INC.**



Principal Place of Business <b>743 WESLEY AVE TARPON SPRINGS, FL 34689 US</b>	Mailing Address <b>330 N. SPRING BLVD. TARPON SPRINGS, FL 34689</b>
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743 WESLEY AVE, FLORIDA  
102



10132008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number <b>20-2253946</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GANIERE, ELIZABETH G  
330 N. SPRING BLVD.  
TARPON SPRINGS, FL 34689**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City **FL** Zip Code \_\_\_\_\_

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

**Amended AR is \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P	
NAME	<b>GANIERE, JEFFREY R</b>	
STREET ADDRESS	<b>330 N. SPRING BLVD.</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS, FL 34689</b>	
TITLE	S	
NAME	<b>GANIERE, ELIZABETH G</b>	
STREET ADDRESS	<b>330 N. SPRING BLVD.</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS, FL 34689</b>	
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		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE	V		
NAME	<b>C. GREGG DASHER</b>		
STREET ADDRESS	<b>911 RIVERSIDE AVE.</b>		
CITY-ST-ZIP	<b>TARPON SPRINGS, FL 34689</b>		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>800132087088</b>		
STREET ADDRESS	<b>10/20/08--01057--006 **\$61.25</b>		
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:** *Elizabeth Ganiere* **ELIZABETH GANIERE** 10/2/08 7279398717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #