2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2006
Secretary of State

DOCUMENT# P05000120914

Entity Name: DOUBLE D USA INC.

Current Principal Place of Business:

1324 NORTH FEDERAL HIGHWAY
HOLLYWOOD, FL 33020

New Principal Place of Business:

4400 E. HIGHWAY 20, SUITE 202
NICEVILLE, FL 32578

Current Mailing Address:

1324 NORTH FEDERAL HIGHWAY
HOLLYWOOD, FL 33020

New Mailing Address:

4400 E. HIGHWAY 20, SUITE 202
NICEVILLE, FL 32578

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PITELL, LISA Y
4400 E. HWY 20, SUITE 202
NICEVILLE, FL 32578 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: PD ( ) Delete
Name: DOBAINE, DORA D
Address: 1324 NORTH FEDERAL HIGHWAY
City-St-Zip: HOLLYWOOD, FL 33020

Title: S (X) Delete
Name: VARGA, MIKLOS
Address: 1324 NORTH FEDERAL HIGHWAY
City-St-Zip: HOLLYWOOD, FL 33020

Title: T (X) Delete
Name: KISS, JOZSEF L
Address: 1324 NORTH FEDERAL HIGHWAY
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: DOBAINE, DORA D
Address: 4400 E. HIGHWAY 20, SUITE 202
City-St-Zip: NICEVILLE, FL 32578

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DORA D DOBAINE PRES 01/03/2006
Electronic Signature of Signing Officer or Director Date