

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000060111

1. Entity Name
 SIM2 U.S.A., INC.



Principal Place of Business
 10108 USA TODAY WAY
 MIRAMAR, FL 33025 US

Mailing Address
 10108 USA TODAY WAY
 MIRAMAR, FL 33025 US



01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0777464

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

COPROLITE CORPORATION
 2130 SUNTRUST INTERNATIONAL CENTER
 ONE SOUTHEAST THIRD AVENUE
 MIAMI, FL 33131

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE P
 NAME CORAZZA, GIORGIO
 STREET ADDRESS 10108 USA TODAY WAY
 CITY-ST-ZIP MIRAMAR, FL 33025

TITLE D
 NAME CINI, MAURIZO
 STREET ADDRESS 10108 USA TODAY WAY
 CITY-ST-ZIP MIRAMAR, FL 33025

TITLE V
 NAME DROOK, DAN
 STREET ADDRESS 10108 USA TODAY WAY
 CITY-ST-ZIP MIRAMAR, FL 33025

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

1100000440587
 03/08/06-20019-010 150.00

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

2-19-06

Date

954-442-2999

Daytime Phone #