2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2006
Secretary of State

DOCUMENT# P98000036777

Entity Name: AMERISOURCE USA, INC.

Current Principal Place of Business:

2950 OLD ORCHARD ROAD
DAVIE, FL 33328

New Principal Place of Business:

3203 WEST STONEBROOK CIRCLE
DAVIE, FL 33330

Current Mailing Address:

2950 OLD ORCHARD ROAD
DAVIE, FL 33328

New Mailing Address:

3203 WEST STONEBROOK CIRCLE
DAVIE, FL 33330

FEI Number: 65-0841005 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLISON, GENE H
2950 OLD ORCHARD ROAD
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

ALLISON, GENE H
3203 WEST STONEBROOK CIRCLE
DAVIE, FL 33330 US

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: GENE ALLISON 08/08/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ALLISON, BARBARA
Address: 2950 OLD ORCHARD RD
City-St-Zip: DAVIE, FL 33328

Title: VP ( ) Delete
Name: ALLISON, GENE
Address: 2950 OLD ORCHARD RD
City-St-Zip: DAVIE, FL 33323

Title: S ( ) Delete
Name: ALLISON, WESLEY
Address: 2950 OLD ORCHARD RD
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ALLISON, BARBARA
Address: 3203 WEST STONEBROOK CIRCLE
City-St-Zip: DAVIE, FL 33330

Title: VP (X) Change ( ) Addition
Name: ALLISON, GENE
Address: 3203 WEST STONEBROOK CIRCLE
City-St-Zip: DAVIE, FL 33330

Title: S (X) Change ( ) Addition
Name: ALLISON, WESLEY
Address: 3203 WEST STONEBROOK CIRCLE
City-St-Zip: DAVIE, FL 33330

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: GENE ALLISON VP 08/08/2006
Electronic Signature of Signing Officer or Director Date