

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000064833

Entity Name: U.S. DELIVERY, INC.

FILED
Apr 23, 2007
Secretary of State

Current Principal Place of Business:

601 SABAL LAKE DR.,STE.201
LONGWOOD, FL 32779

New Principal Place of Business:

601 SABAL LAKE DRIVE
STE 201
LONGWOOD, FL 32779

Current Mailing Address:

601 SABAL LAKE DR.,STE.201
LONGWOOD, FL 32779

New Mailing Address:

601 SABAL LAKE DRIVE
STE 201
LONGWOOD, FL 32779

FEI Number: 59-3588926

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPEEDER, FRANCIS M
601 SABAL LAKE DR.,STE.201
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

SPEEDER, FRANCIS M
601 SABAL LAKE DRIVE
STE 201
LONGWOOD, FL 32779 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: _____

Electronic Signature of Registered Agent

04/23/2007

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: SPEEDER, FRANCIS M
Address: 601 SABAL LAKE DR.,STE 201
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: FRANCIS M. SPEEDER

Electronic Signature of Signing Officer or Director

P

04/23/2007

Date