

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000041288

FILED
Feb 11, 2006
Secretary of State

Entity Name: CONNECT SYSTEMS U.S.A., INC.

Current Principal Place of Business:

14007 GASPARILLA ISLE DRIVE
ORLANDO, FL 32824 US

New Principal Place of Business:

40347 US HWY 19 N.
SUITE 238
TARPON SPRINGS, FL 34689 US

Current Mailing Address:

14007 GASPARILLA ISLE DRIVE
ORLANDO, FL 32824 US

New Mailing Address:

40347 US HWY 19 N.
SUITE 238
TARPON SPRINGS, FL 34689 US

FEI Number: 59-3379523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOVER, MICHAEL H
14007 GASPARILLA ISLE DR.
ORLANDO, FL 32824 US

Name and Address of New Registered Agent:

DOVER, MICHAEL H
745 NORTH LAKE BLVD.
TARPON SPRINGS, FL 34689 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:

02/11/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DOVER, MICHAEL H
Address: 14007 GASPARILLA ISLE DRIVE
City-St-Zip: ORLANDO, FL 32824

Title: D () Delete
Name: DOVER, VERA
Address: 14007 GASPARILLA ISLE DRIVE
City-St-Zip: ORLANDO, FL 32824

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DOVER, MICHAEL H
Address: 745 NORTH LAKE BLVD.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D (X) Change () Addition
Name: DOVER, VERA
Address: 745 NORTH LAKE BLVD.
City-St-Zip: TARPON SPRINGS, FL 34689

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: MICHAEL H. DOVER

P

02/11/2006

Electronic Signature of Signing Officer or Director

Date