2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 410952

City-St-Zip: LAKELAND, FL 33801

Entity Name: BATTERY USA, INC

FILED Apr 14, 2009 Secretary of State

Littly Na	ME. DATTER	I OSA, INC.		
Current Principal Place of Business:			New Principal Place of Business:	
	ITH COMBEE I D, FL 33801	ROAD		
Current Mailing Address:			New Mailing Address:	
	ITH COMBEE I D, FL 33801	ROAD		
FEI Number	: 59-1425260	FEI Number Applied For()	FEI Number Not Applicab	le () Certificate of Status Desired ()
Name and	d Address of C	Current Registered Agent:	Name and Ad	dress of New Registered Agent:
1840 SOU	ER II, R. THOM ITH COMBEE I D, FL 33801			
The above in the State	e named entity : e of Florida.	submits this statement for the	purpose of changing its re	egistered office or registered agent, or both,
SIGNATU	RE:			
	Electror	nic Signature of Registered Ag	ent	Date
Election Ca	mpaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () STANDIFER II, 5333 GLENMO LAKELAND, FL	RE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	S () STANDIFER, T. 5333 GLENMO LAKELAND, FL	RE DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	D () SENKARIK, DA 5512 OLD SCO LAKELAND, FL	OTT LAKE RD	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	V () LAWLESS, JAN 6315 TIERRA V LAKELAND, FL	ISTA CIRCLE	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address:	T () SANCHEZ, JUA 1840 S COMBE			(X) Change () Addition NCHEZ, JOHN 40 S COMBEE RD

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip: LAKELAND, FL 33801

SIGNATURE: R THOMAS STANDIFER II PD 04/14/2009