

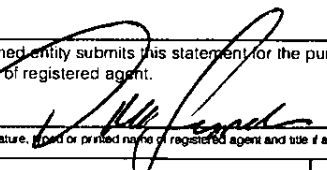
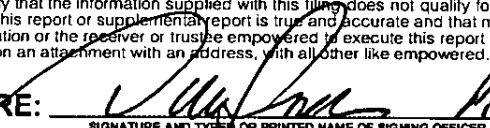


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90144 043 ***550.00

DOCUMENT # 834277 1. Entity Name MEDUSA IMPORTS, INC.					
Principal Place of Business 5455 W. WATERS AVE. SUITE 215 TAMPA, FL 33634 US				Mailing Address 5455 W. WATERS AVE. SUITE 215 TAMPA, FL 33634 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 7502 Ironita Rd Suite, Apt. #, etc. LANDO LAKES City & State FLORIDA Zip 34637 Country PASCO			
City & State Zip		City & State Zip		4. FEI Number 59-1591532	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SANDERS, DALE 5455 W. WATERS AVE. SUITE 215 TAMPA, FL 33634				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State FL Zip Code	
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:  REG. AGENT DATE: 7/11/06 <small>Signature, word or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>	
	SANDERS, D. M.	5455 W. WATERS AVE. SUITE 215	TAMPA, FL		
	JENKINS, H.M.	5412 LYKES LANE	TAMPA, FL 33611		
	SANDERS, D.M.	5455 W. WATER AVE. SUITE 215	TAMPA, FL		
	SANDERS, D M	5455 W. WATERS AVE. SUITE 215	TAMPA, FL 00000		
	JENKINS, H.M.	5412 LYKES LANE	TAMPA, FL 33611		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input type="checkbox"/>	Addition <input type="checkbox"/>
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:  Pres. DATE: 7/11/06 8139203125 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					