
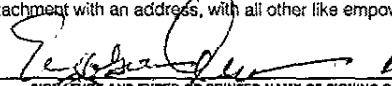
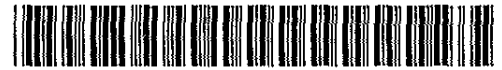


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 843356</b> 1. Entity Name U.S. BOSTON CAPITAL CORPORATION		
Principal Place of Business LINCOLN NORTH/ 55 OLD BEDFORD RD LINCOLN, MA 01773	Mailing Address LINCOLN NORTH/ 55 OLD BEDFORD RD LINCOLN, MA 01773	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UMPHREY, WILLARD L LINCOLN NORTH, 55 OLD BEDFORD RD LINCOLN, MA 01773	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD OKUROWSKI, LEON LINCOLN N 55 OLD BEDFORD LINCOLN, MA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HIGGINS, CAROL A. LINCOLN N 55 OLD BEDFORD LINCOLN, MA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELIZABETH, WATSON A 48 PARKER STREET NORWELL, MA 02061	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-6-06 781-676-595 <small>Date Daytime Phone #</small>



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 04-2464763	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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02/08/06-80015-018 150.00

**DO NOT WRITE  
IN THIS SPACE**