2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED DOCUMENT # B06000000238 RESPONSE CENTER USA, LP 2007 APR 05 AM ID: 26 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 11235 GORDON ROAD, SUITE 102 11235 GORDON ROAD, SUITE 102 SAN ANTONIO, TX 78216 SAN ANTONIO, TX 78216 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (12/06) 01052007 Chg-LP 4. FEI Number 14-192 8860 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OLIVER, JAMES D Street Address (P.O. Box Number is Not Acceptable) 7004 FOUNTAIN AVENUE TAMPA, FL 33634 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. DOCUMENT # STREET ADDRESS DAWKINS, GARY NAME STREET ADDRESS 10011 LAZY J TRAIL CITY-ST-ZIP CITY-ST-ZIP HELOTES, TX 78023 DOCUMENT # STREET ADDRESS 04/11/07--01042--005 BENFER, JOHN DAVID NAME STREET ADDRESS 1209 CEDARWOOD CITY-ST-ZIP CITY-ST-ZIP SCHERTZ, TX 78154 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes 3/27/07 Gary Dawkins Dawhim SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER