## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000002862

Entity Name: USAPUBS.COM, INC.

FILED Apr 26, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
16120 US 19 N. CLEARWATER, FL 33764					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
16120 U.S. 19 NORTH LEGAL DEPT., SUITE 200 CLEARWATER, FL 33764					
FEI Number: 36-4303858 FEI Number Applied For ( ) FEI Number			FEI Number Not Applicable ( )	ber Not Applicable ( ) Certificate of Status Desired ( )	
Name and	Address of Curre	nt Registered Agent:	Name and Address	of New Registered Agent:	
HOOD, WILLIAM H III 16120 US 19 N. CLEARWATER, FL 33764 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:					
	Electronic Sig	gnature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delet HOOD, WILLIAM H III 16120 US 19 N. CLEARWATER, FL 3		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delet BLUMENTHAL, DANIE ONE NORTH WACKE CHICAGO, IL 60606	EL H	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VCD ( ) Delet BLOCK, MILTON J 5 E. 22ND STREET NEW YORK, NY 100		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S () Delet KLEIN, GREG 16180 US 19 NORTH CLEARWATER, FL 3		Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delet BEYER, JEFF ONE NORTH WACKE CHICAGO, IL 60606		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delet MOSCOW, DAVID H 414 N. ORLEANS ST. CHICAGO, IL 60610		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM H. HOOD, III PD 04/26/2005