

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002028

FILED
Jun 30, 2004
Secretary of State

Entity Name: USA PROGRAM ADMINISTRATORS INC.

Current Principal Place of Business:

7 FLOWERFIELD, STE. 28
ST. JAMES, NY 11780

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 322
ST. JAMES, NY 11780

New Mailing Address:

FEI Number: 65-0791602

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDOWELL, LAURIE
5134 TIMBER CHASE WAY
SARASOTA, FL 34238 US

Name and Address of New Registered Agent:

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 Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MILLER, ERIC L
Address: 7 FLOWERFIELD, STE. 28
City-St-Zip: ST. JAMES, NY 11780

Title: VPSD () Delete
Name: BARTHOLOMEW, ROBERT
Address: 709 STOKES RD.
City-St-Zip: MEDFORD, NJ 08055

Title: D () Delete
Name: MILLER, H. LINCOLN
Address: 4424 CALLE SERRENA
City-St-Zip: SARASOTA, FL 34238

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ERIC MILLER

PD

06/30/2004

Electronic Signature of Signing Officer or Director

Date