


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 13, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F02000002738 1. Entity Name USA-800, INC.	
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Principal Place of Business 9808 E 66TH TERRACE RAYTOWN, MO 64133	Mailing Address 9808 E 66TH TERRACE RAYTOWN, MO 64133
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01052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 43-1119494	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE  
IN THIS SPACE**

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 (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C WHITE, RON E SR 4800 AMELIA PARKWAY AMELIA ISLAND, FL 32034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DAVIS, THOMAS E 2413 SW WINTERGREEN CT LEE'S SUMMIT, MO 64081
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DEXTER, WILLIAM 4308 W 64TH STREET PRAIRIE VILLAGE, KS 66208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WHITE, JEAN 409 NE THORNBERRY PLACE LEE'S SUMMIT, MO 64064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/14/04-80008-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/04  
Date

816 358 1303  
Daytime Phone #