2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2006
Secretary of State

DOCUMENT# F04000004689

Entity Name: MCCORRY USA CORP.

Current Principal Place of Business:

25400 US 19 NORTH, SUITE #118
CLEARWATER, FL 33763

New Principal Place of Business:

25400 US 19 NORTH
SUITE #118
CLEARWATER, FL 33763

Current Mailing Address:

25400 US 19 NORTH, SUITE #118
CLEARWATER, FL 33763

New Mailing Address:

25400 US 19 NORTH
SUITE #118
CLEARWATER, FL 33763

FEI Number: 20-1262028 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ACTION PAYROLL SERVICES, INC.
C/O RODGER R. EDEN
2029 HARVARD AVE
DUNEDIN, FL 34698 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: ISRAEL, JONAS
Address: P.O. BOX 15148, 88862 KOTA KINABALU
City-St-Zip: SABAH, MALAYSIA,

Title: D ( ) Delete
Name: SAILSBURY, LYNN SALLY
Address: 12864 BISCAYNE BLVD.,, #368
City-St-Zip: NORTH MIAMI, FL 33181

Title: S ( ) Delete
Name: LEAL, ROBERT L
Address: 25400 US 19 N., #118
City-St-Zip: CLEARWATER, FL 33763

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 Chapter 119, 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: ROBERT L. LEAL S 01/03/2006

Electronic Signature of Signing Officer or Director — Date