

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000001485

Entity Name: CLS, USA, INC.

**FILED**  
**Jul 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

10285 WINDHORST ROAD  
TAMPA, FL 33619

**New Principal Place of Business:**

**Current Mailing Address:**

10006 CROSS CREEK BLVD #425  
TAMPA, FL 33647

**New Mailing Address:**

FEI Number: 20-5446084

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

DESILVA, CAROL  
10006 CROSS CREEK BLVD #425  
TAMPA, FL 33647 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

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: DESILVA, CAROL  
Address: 10006 CROSS CREEK BLVD #425  
City-St-Zip: TAMPA, FL 33647

I hereby 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 all other like empowered.

SIGNATURE: CAROL DESILVA

PRES

07/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date