


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 8:00 am
Secretary of State


04-20-2006 90189 024 ***150.00

DOCUMENT # F94000002570 1. Entity Name UNITED STATES CRANE, INC. (USCI)	
--	---

Principal Place of Business PO BOX 593290 ORLANDO, FL 32859	Mailing Address PO BOX 593290 ORLANDO, FL 32859
---	---

DO NOT WRITE IN THIS SPACE

4000



04172006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2001275	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMES, JULIA G
4815 BACK ACRE LN
ORLANDO, FL 32806

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

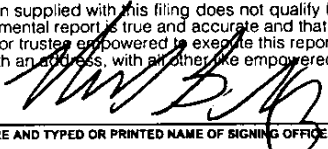
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO AMES, JULIA G 4815 BACKACHER LANE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD AMES, LINDA L 3755 GRANT ST ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIRDLEY, RICHARD C 1210 DELANEY AVENUE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.

SIGNATURE:  **4/18/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #