2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 22, 2008
Secretary of State

DOCUMENT# F96000004152

Entity Name: USISL, INC.

Current Principal Place of Business:

14497 NORTH DALE MABRY HIGHWAY
SUITE 201
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

14497 NORTH DALE MABRY HIGHWAY
SUITE 201
TAMPA, FL 33618

New Mailing Address:

FEI Number: 59-3388440 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: PD ( ) Delete
Name: MARCOS, FRANCISCO
Address: 14497 NORTH DALE MABRY HIGHWAY
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete
Name: PROTHERO, MARTIN
Address: 14997 N DALE MABRY
City-St-Zip: TAMPA, FL 33618

Title: VPD ( ) Delete
Name: HOLT, TIMOTHY
Address: 14497 N DALE MABRY HWY STE 201
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete
Name: DAVID, HARE
Address: 14497 N DALE MABRY HIGHWAY STE 201
City-St-Zip: TAMPA, FL 33618

Title: S ( ) Delete
Name: VAN WYK, CORNELIUS C
Address: 14497 NORTH DALE MABRY HIGHWAY
City-St-Zip: TAMPA, FL 33618

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

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

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

Title: D ( ) Change (X) Addition
Name: DUGGAN, MARK
Address: 14497 N DALE MABRY HWY STE 201
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify 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: CORNELIUS C VANWYK S 08/22/2008

Electronic Signature of Signing Officer or Director — Date