



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K16901</b>		
1. Entity Name USAMA SPECIALTY FINISHES, INC.		
Principal Place of Business 28471 US 19 NORTH SUITE 511 CLEARWATER, FL 33761 US	Mailing Address P.O. BOX #1748 SAFETY HARBOR, FL 34695-1748	
<b>DO NOT WRITE IN THIS SPACE</b>		
		01112006 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-2877558
		Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
5. Name and Address of Current Registered Agent  USAMA, MUQIT 42 HARBOR OAKS CIR. SAFETY HARBOR, FL 34695		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____		
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	P USAMA, MUQIT 42 HARBOR OAKS CIR. SAFETY HARBOR, FL	<b>DO NOT WRITE IN THIS SPACE</b>  U00000386572 01/19/06-80003-019 158.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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 all other like empowered.		
SIGNATURE: <u>Muqit Usama</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/11/06 727 7259005 Date Daytime Phone #