2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097090

Entity Name: A.M. U.S.A., LLC

FILED Mar 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6563 ROSECLIFF DR. 1331 S. INTERNATIONAL PRKY.

SUITE 1291 #102

ORLANDO, FL 32835 US LAKE MARY, FL 32746

New Mailing Address: Current Mailing Address:

6563 ROSECLIFF DR. 1331 S. INTERNATIONAL PRKY.

SUITE 1291 #102

ORLANDO, FL 32835 US LAKE MARY, FL 32746 US

FEI Number: 13-4344863 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BONDI, ANGELO SHERRI, CIPPARONE

6563 ROSECLIFF DR. 1331 S. INTERNATIONAL PRKY. #102 **SUITE 1291**

ORLANDO, FL 32835 US LAKE MARY, FL 32746 US

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: SHERRI CIPPARONE

03/30/2007 Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: MGRM () Delete (X) Change () Addition

BONDI, ANGELO SHERRI, CIPPARONE Name: Name: 6563 ROSECLIFF DR #102 Address: 1331 S. INTERNATIONAL PRKY. # 1291 Address:

City-St-Zip: ORLANDO, FL 32835 US City-St-Zip: LAKE MARY, FL 32746 US

Title: MGRM Title: MGRM (X) Change () Addition () Delete

LAM, BRUCE Name: SHERRI, CIPPARONE Name:

Address: 12281 UNIVERSITY BLVD Address: 1331 S.INTERNATIONAL PRKY, # 1291

City-St-Zip: ORLANDO, FL 32817 US City-St-Zip: LAKE MARY, FL 32746 US

Title: MGRM (X) Delete Title: () Change () Addition

SCIALOIA, ACHILLE Name: Name: P.O. BOX 590624 Address: Address: City-St-Zip: ORLANDO, FL 32859 US City-St-Zip:

Title: MGRM (X) Delete Title: () Change () Addition

Name: SAUCIER, GARY Name: Address: P.O. BOX 590624 Address: City-St-Zip: ORLANDO, FL 32859 US 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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SHERRI CIPPARONE **MGRM** 03/30/2007