2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L74605

Entity Name: U. S. FLORIDA ALLIANCE, INC.

FILED Mar 09, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 13121 NW LEJEUNE SECOND FLOOR MIAMI, FL 330544435 US **Current Mailing Address: New Mailing Address:** PO. BOX 680-520 MIAMI, FL 331680520 US FEI Number: 65-0335091 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: MCDONALD & MCDONALD 1393 SW FIRST STREET SUITE 200 MIAMI, FL 331352386 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition UTVICH, MICHAEL, UTVICH, MICHAEL Name: Name: 6305 CASTANEDA 6305 CASTANEDA Address: Address: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: CORAL GABLES, FL 331463410 Title: Title: CSTD () Delete () Change () Addition Name: UTVICH, LORNA R Name: 6305 CASTANEDA Address: Address: CORAL GABLES, FL 331463410 City-St-Zip: City-St-Zip: () Delete Title: Title: VPD () Change () Addition UTVICH, GREGORY T Name: Name: 10550 SW 67TH STREET Address: Address: City-St-Zip: MIAMI, FL 33173 City-St-Zip: Title: CD () Delete Title: () Change () Addition UTVICH, DARYL A Name: Name: Address: PO BOX 622-462 Address: City-St-Zip: ORLANDO, FL 32862 City-St-Zip: Title: CEOD Title: () Delete () Change () Addition UTVICH, DAVID M Name: Name: 1368 HIBISCUS AVE Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: UTVICH, M EDWARD Name: 10340 NW 37TH AVE Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 331471019

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: GREGORY T. UTVICH VPD 03/09/2009