## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000005561

Entity Name: SOCIETY USA, INC.

Address:

City-St-Zip:

ORLANDO, FL 32839

FILED May 04, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4507 JUDY COURT ORLANDO, FL 32839 **Current Mailing Address: New Mailing Address:** P.O. BOX 561637 ORLANDO, FL 328561637 FEI Number: 26-0378861 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPENCER, MELISSA A 4507 JUDÝ COURT ORLANDO, FL 32839 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition RADKA, MICHAEL J Name: Name: Address: 423 SANDRINGHAM COURT Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BLAKE, JACQUELINE A Name: Address: 4850 LORRAINE WAY Address: City-St-Zip: ORLANDO, FL 32812 City-St-Zip: Title: () Delete Title: () Change () Addition ALEXANDER, AUDREY Name: Name: 1802 OLE HERITAGE DR #13204 Address: Address: City-St-Zip: ORLANDO, FL 32839 City-St-Zip: Title: ( ) Delete Title: () Change () Addition SPENCER, MELISSA Name: Name: 4507 JUDY COURT Address: Address: City-St-Zip: ORLANDO, FL 32839 City-St-Zip: Title: Title: ( ) Delete () Change () Addition COLEMAN, CONNIE Name: Name: 5805 SHELBURN CT

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MELISSA A. SPENCER ST 05/04/2009