-2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Mar 06, 2008 08:00 Al **DOCUMENT # P00000012557 Secretary of State** 1. Entity Name USA CARS, INC. Principal Place of Business Mailing Address 1805 N. CITRUS BLVD. PO BOX 490285 LEESBURG, FL 34748 LEESBURG, FL 34749-0285 03032008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3623311 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WHITE, DAPHNE DO NOT WRITE 3146 GRIFFIN AVE P.O. BOX 1581-32158 IN THIS SPACE LADY LAKE, FL. 32159 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. P TITLE NAME WHITE, DAPHNE U00000849673 STREET ADDRESS 3146 GRIFFIN AVE-P O BOX 1581 03/21/08-80030-004 158.75 LADY LAKE, FL 32159 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 life e empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS