2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 09, 2005 08:00 AM **DOCUMENT # P00000014067 Secretary of State** 1. Entity Name P & A GROUP U.S.A., INC. Mailing Address Principal Place of Business 5252 S. DALE MABRY BOULEVARD 5252 S. DALE MABRY BOULEVARD TAMPA, FL 33611 TAMPA, FL 33611 01062005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3630161 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THAMBUNDIT, AMNUAY 5252 S. DALE MABRY BOULEVARD DO NOT WRITE TAMPA, FL 33611 IN THIS SPACE 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. Signatum, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PVST TITLE THAMBUNDIT, AMNUAY NAME STREET ADDRESS 5252 S. DALE MARRY BOULEVARD CITY-ST-ZIP TAMPA, FL 33611 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

STREET ADDRESS COY-ST-7IP

SIGNATURE: _	A. Themburd	A MNUA Y THAMBUNDIT	3/6/05	(813) 837-1793
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR		Date	Daylime Phone #