2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000043435

Entity Name: USHHH, INC.

FILED Apr 13, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
10707 CLAY RD HOUSTON, TX 77041							
Current Mailing Address:				New Mailing Address:			
10707 CLAY RD HOUSTON, TX 77041							
FEI Number:	76-0641307	FEI Number Applied For ()	FEI Nur	mber Not Appli	icable ()	Certificate of S	Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION, FL 33324 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: Name: Address: City-St-Zip:	D LANE, STEV 10707 CLAY HOUSTON,	RD		Title: Name: Address: City-St-Zip:		()Change ()Ado	dition
Title: Name: Address: City-St-Zip:	GEORGE, R	TH AVE. 4TH FLOOR		Title: Name: Address: City-St-Zip:		() Change () Ado	dition
Title: Name: Address: City-St-Zip:	P MILLER, STO 700 NW 107 MIAMI, FL 3	TH AVENUE		Title: Name: Address: City-St-Zip:		()Change ()Ado	dition
Title: Name: Address: City-St-Zip:	VPAS CRIMALDI, S 10481 BEN (FT MYERS,	C PRATT SIX MILE CYPRESS PKWY		Title: Name: Address: City-St-Zip:		() Change () Ado	dition
Title: Name: Address: City-St-Zip:	SABEAN, BF	C PRATT SIX MILE CYPRESS PKWY		Title: Name: Address: City-St-Zip:		()Change ()Ado	dition
Title: Name: Address: City-St-Zip:	D MALCOLM, ¹ 700 NW 107 MIAMI, FL 3			Title: Name: Address: City-St-Zip:	D MARLIN, CH 700 NW 107 MIAMI, FL 3	TH AVENUE	dition
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 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							

SIGNATURE: STEVEN E. LANE

Electronic Signature of Signing Officer or Director

above, or on an attachment with an address, with all other like empowered.

04/13/2006

D