


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90012 002 \*\*\*150.00

<b>DOCUMENT # P01000009717</b>					
<b>1. Entity Name</b> USA DEVELOPMENT CORPORATION					
<b>Principal Place of Business</b> 1301 BEVILLE ROAD UNIT 7 DAYTONA BEACH, FL 32119			<b>Mailing Address</b> 1301 BEVILLE ROAD UNIT 7 DAYTONA BEACH, FL 32119		
<b>2. Principal Place of Business - No P.O. Box #</b> 1898 S Clyde Morris Blvd		<b>3. Mailing Address</b> 1898 S Clyde Morris Blvd			
Suite, Apt. #, etc. Suite 500		Suite, Apt. #, etc. Suite 500			
City & State Daytona Beach, FL		City & State Daytona Beach, FL		<b>4. FEI Number</b> 59-3694111	
Zip 32119		Country Volusia		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  AMENDOLAGINE, MARILYN 1301 BEVILLE ROAD UNIT 7 DAYTONA BEACH, FL 32119			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 1898 S Clyde Morris Blvd Suite 500 City <u>Daytona Beach</u> <u>FL</u> Zip Code <u>32119</u>		
<b>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.</b> SIGNATURE <u>Marilyn Amendolagine, Marilyn Amendolagine</u> <u>4-20-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <span style="float: right;">DATE</span>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AMENDOLAGINE, MICHAEL <input type="checkbox"/> Delete 1301 BEVILLE ROAD UNIT 7 DAYTONA BEACH, FL 32119		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Amendolagine, Michael 1898 S Clyde Morris Blvd Suite 500 Daytona Beach, FL 32119	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD <input type="checkbox"/> Delete AMENDOLAGINE, MARYILYN 1301 BEVILLE ROAD UNIT 7 DAYTONA BEACH, FL 32119		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Amendolagine, Marilyn 1898 S Clyde Morris Blvd Suite 500 Daytona Beach, FL 32119	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 like empowered.</b>					
<b>SIGNATURE:</b> <u>Marilyn Amendolagine, Marilyn Amendolagine</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>386-322-0673</u> <u>4-20-08</u> <small>Date Daytime Phone #</small>		