## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED May 07, 2007 08:00 A Secretary of State DOCUMENT # P01000049412 1. Entity Name CUSTOM USA, INC. Principal Place of Business Mailing Address 2804 29TH AVENUE EAST, STE E 2804 29TH AVENUE EAST, STE E BRADENTON, FL 34208 BRADENTON, FL 34208 05022007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1105144 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GARDI, LES CPA DO NOT WRITE 7061 S TAMIAMI TRAIL SARASOTA, FL 34231-5559 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. DATE Signature, typed or printed name of registered apent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS 10. TITLE SZILAGYI, NOEMI NAME STREET ADDRESS 3516 57TH STREET E CITY-ST-7IP BRADENTON, FL 34208 U00000761886 05/25/07-80074-010 150.00 TTLE NAME STREET ADDRESS CITY-ST-ZIP TITALE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

SIGNATURE: Noc.

CITY-ST-ZIP

Suilas. Noemi Szilagyi 05/02/07

941-744-5225