2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007
Secretary of State

DOCUMENT# P01000068795

Entity Name: GRACEKENNEDY FINANCIAL SERVICES (USA) INC.

Current Principal Place of Business:

3550 SW 148TH AVENUE
SUITE 110
MIRAMAR, FL 33027 US

New Principal Place of Business:

Current Mailing Address:

3350 SW 148TH AVENUE
SUITE 110
MIRAMAR, FL 33027 US

New Mailing Address:

FEI Number: 65-1153691 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
1600 MIAMI CENTER (LAD)
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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:

Title: D ( ) Delete
Name: ORANE, DOUGLAS
Address: 2E ARCARDIA DR
City-St-Zip: KINGSTON 8, JA JAMAICA

Title: D ( ) Delete
Name: SOLOMON, GREGORY
Address: 5255 NW 95TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D ( ) Delete
Name: ALEXANDER, EDWARD
Address: 827 NANDINA DR
City-St-Zip: WESTON, FL 33327

Title: D ( ) Delete
Name: WEHBY, DONALD
Address: 1 OAKRIDGE DR
City-St-Zip: KINGSTON, JA JAMAICA

Title: D ( ) Delete
Name: BARCLAY, PAULA
Address: 4 OLIVER MEWS
City-St-Zip: KINGSTON, JA JAMAICA

Title: OM ( ) Delete
Name: SMITH, PAUL
Address: 16337 SW 66TH STREET
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: PAUL SMITH OM 04/20/2007

Electronic Signature of Signing Officer or Director — Date