2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# P01000102993

Entity Name: UNITED SERVICE CONNECTION, INC.

Current Principal Place of Business:

8619 CROOKED TREE DRIVE
JACKSONVILLE, FL 32256

New Principal Place of Business:

234 LIGE BRANCH LANE
JACKSONVILLE, FL 32259

Current Mailing Address:

8619 CROOKED TREE DRIVE
JACKSONVILLE, FL 32256

New Mailing Address:

10920 BAYMEADOWS ROAD
SUITE 27
JACKSONVILLE, FL 32256

FEI Number: 90-0016774 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORMAN P. FREEDMAN, P.A.
525 NORTH NEWNAN STREET
JACKSONVILLE, FL 32202 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: VP ( ) Delete
Name: SETZER, JIMMY
Address: 8619 CROOKED TREE DRIVE
City-St-Zip: JACKSONVILLE, FL 32256

Title: PD ( ) Delete
Name: SETZER, JENNIFER
Address: 8619 CROOKED TREE DR
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: SETZER, JIMMY
Address: 234 LIGE BRANCH LANE
City-St-Zip: JACKSONVILLE, FL 32259

Title: PD (X) Change ( ) Addition
Name: SETZER, JENNIFER
Address: 234 LIGE BRANCH LANE
City-St-Zip: JACKSONVILLE, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JENNIFER S. SETZER PD 04/28/2005

Electronic Signature of Signing Officer or Director — Date