2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P02000016710 03-14-2005 90079 005 ***150.00 1. Entity Name U.S. UNDERGROUND INDUSTRIES, INC. Principal Place of Business Mailing Address 721 NW SUNSET DRIVE 721 NW SUNSET DRIVE STUART, FL 34994 STUART, FL 34994 2. Principal Place of Business 3. Mailing Address P.O. Box 3041 Suite, Apt, #, etc. Suite, Apt. #, etc. 01112005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For FL tuart 56-2307642 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name GIACOBBE, FRANK Street Address (P.O. Box Number is Not Acceptable) 721 NW SUNSET DRIVE **STUART, FL 34994** Zip Code 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: Signature, typed or printed name of registered agent and title if applicable. DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution: Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11: TITLE TITLE ☐ Delete Addition NAME GIACOBBE, FRANK NAME STREET ADDRESS 721 NW SUNSET DRIVE STREET ADDRESS STUART, FL 34994 CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition **.**.... NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling does not qualify 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 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 692-7778 SIGNATURE:

FILED

Mar 14, 2005 8:00 am