


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90397 037 ***150.00

DOCUMENT # P02000019383	
1. Entity Name PERCS USA, INC.	

Principal Place of Business 401-B YELVINGTON AVE CLEARWATER, FL 33755	Mailing Address 6325 JACQUELINE ARBOR DR TEMPLE TERRACE, FL 33617
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40057638

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03192006 Chg-P CR2E034 (11/05)

4. FEI Number 04-3636947		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DRUMMOND, TEMPLE H 6325 JACQUELINE ARBOR DRIVE TEMPLE TERRACE, FL 33617		7. Name and Address of New Registered Agent Name <u>Drummond, Temple H.</u> Street Address (P.O. Box Number is Not Acceptable) <u>328 West Bears Avenue</u> City <u>Tampa</u> FL Zip Code <u>33613</u>

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 Temple H. Drummond Temple H. Drummond DATE 4/20/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADHAM, CAROLYN 401-B YELVINGTON AVE CLEARWATER, FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bradham, Carolyn 401-B Yelvington Ave. Clearwater, FL 33755 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURCIO, AUGUST R 401-B YELVINGTON AVE CLEARWATER, FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Byers, Lex J. 401-B Yelvington Ave. Clearwater, FL 33755 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BYERS, LEX J 401-B YELVINGTON AVE. CLEARWATER, FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Adkins, Gary 401-B Yelvington Ave. Clearwater, FL 33755 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STEINBERG, STEPHEN H 401-B YELVINGTON AVE. CLEARWATER, FL 33755 <input checked="" 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	S CAREY, MICHAEL T 401-B YELVINGTON AVE. CLEARWATER, FL 33755 <input checked="" 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

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.

SIGNATURE: Cecilia Bradham 3-27-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #