2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000052082

Entity Name: BRIGHT FUTURE USA, CORP.

FILED Feb 10, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1516 E. COLONIAL DRIVE 1516 E. COLONIAL DRIVE

UNIT 107 SUITE 107

ORLANDO, FL 32803 ORLANDO, FL 32803

Current Mailing Address: New Mailing Address:

1516 E. COLONIAL DRIVE 1516 E. COLONIAL DRIVE SUITE 107 **UNIT 107** ORLANDO, FL 32803 ORLANDO, FL 32803 US

FEI Number: 03-0465007 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MANTELLINI LOVERA, HECTOR 1206 CAREY GLEN CIRCLE

1516 E. COLONIAL DR ORLANDO, FL 32824 SUITE 107 ORLANDO, FL 32803 US

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.

MANTELLINI LOVERA, HECTOR

SIGNATURE: HECTOR MANTELLINI LOVERA 02/10/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition Title: () Delete Title: MANTELLINI LOVERA, HECTOR MANTELLINI LOVERA, HECTOR Name: Name: 1206 CAREY GLEN CIRCLE 1516 E. COLONIAL DR SUITE 107 Address: Address:

ORLANDO, FL 32803 US City-St-Zip: ORLANDO, FL 32824 City-St-Zip:

DVP Title: () Delete Title: () Change (X) Addition LEMUS RODRIGUEZ, JOSE A Name: Name: 1516 E. COLONIAL DR SUITE 107 Address: Address: ORLANDO, FL 32803 US City-St-Zip: City-St-Zip:

Title: () Change (X) Addition Title: () Delete DT FLEITAS, CARLA Name: Name:

1516 E. COLONIAL DR SUITE 107 Address Address:

City-St-Zip: City-St-Zip: ORLANDO, FL 32803 US

Title: () Delete Title: DS () Change (X) Addition

GARZA, ALFREDO Name: Name:

Address: Address: 1516 E. COLONIAL DR SUITE 107 City-St-Zip: City-St-Zip: ORLANDO, FL 32803 US

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: HECTOR MANTELLINI LOVERA DP 02/10/2006