


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90215 039 \*\*\*158.75

<b>DOCUMENT # P02000067204</b> 1. Entity Name <b>TEAM USA MOVING, INC.</b>					
Principal Place of Business <b>3045 NORTH FEDERAL HWY. STE. #46 FORT LAUDERDALE, FL 33306</b>			Mailing Address <b>3045 NORTH FEDERAL HWY STE. #46 FORT LAUDERDALE, FL 33306</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MORIN, MARK V</b> <i>MORIN not maria</i> <b>3045 NORTH FEDERAL HWY. STE. #46 FORT LAUDERDALE, FL 33306</b>				Name <b>Mark V. Morin</b> Street Address (P.O. Box Number is Not Acceptable) <b>3045 North Federal Hwy #46</b> City <b>Fort Lauderdale</b> <b>FL</b> Zip Code <b>33306</b>	
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 <u><i>Mark V. Morin</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/30/06</u>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input type="checkbox"/> Delete <b>SMITH, STEPHEN P</b> <b>3045 NORTH FEDERAL HWY., #46</b> <b>FORT LAUDERDALE, FL 33306</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Stephen P. Smith</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/30/06</u> Daytime Phone # <u>800 759-3044</u>		