

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90172 001 \*\*\*150.00

<b>DOCUMENT # P02000089107</b>					
<b>1. Entity Name</b> JOGGING USA, INC.					
<b>Principal Place of Business</b> 266 WILSHIRE BLVD., STE 131 CASSELBERRY, FL 32707			<b>Mailing Address</b> <i>WILSHIRE</i> 266 WILSHIRE BLVD. STE. 131 CASSELBERRY, FL 32707		
<b>2. Principal Place of Business</b> <i>266 WILSHIRE BLVD</i>		<b>3. Mailing Address</b> <i>SAME</i>			
Suite, Apt. #, etc. <i>SUITE 131</i>		Suite, Apt. #, etc.			
City & State <i>CASSELBERRY, FLORIDA</i>		City & State			
Zip <i>32707</i>	Country <i>USA</i>	Zip	Country	<b>4. FEI Number</b> 52-2372917	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <i>DR</i> DE-BERRU, MARIA 266 WILSHIRE BLVD. STE. 131 CASSELBERRY, FL 32707			<b>7. Name and Address of New Registered Agent</b> Name <i>MARIA DE BERRU</i> Street Address (P.O. Box Number is Not Acceptable) <i>SAME</i> City <i>SAME</i> <b>FL</b> Zip Code		
<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.</b> <i>(CORRECTING 1 LETTER)</i>					
SIGNATURE <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <i>04/25/06</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAREDES DE BERRU, MARIA DEL C 266 WILSHIRE BLVD., STE 131 CASSELBERRY, FL 32707		<input 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"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <i>04/25/06</i> DAYTIME PHONE # <i>4077672992</i>	