
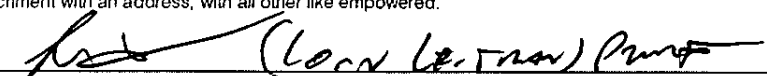


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90096 015 \*\*\*150.00

<b>DOCUMENT # P02000094668</b> 1. Entity Name <b>U.S. SUPPLEMENTAL DISTRIBUTORS, INC.</b>					
Principal Place of Business <b>7700 N KENDALL DR STE 405 MIAMI, FL 33156</b>			Mailing Address <b>7700 N KENDALL DR STE 405 MIAMI, FL 33156</b>		
2. Principal Place of Business <b>8660 W. FLAGLER ST</b> Suite, Apt. #, etc. <b>#200</b>		3. Mailing Address <b>8660 W. FLAGLER ST</b> Suite, Apt. #, etc. <b>#200</b>			
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>		4. FEI Number <b>16-1625598</b>	
Zip <b>33144</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LEITMAN, LORN</b> <b>7700 N KENDALL DR STE 405</b> <b>MIAMI, FL 33156</b>			7. Name and Address of New Registered Agent Name <b>LORN LEITMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>8660 W. FLAGLER ST, #200</b> City <b>MIAMI FL</b> Zip Code <b>33144</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<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 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LETIMAN, LORN 7700 N KENDALL DR STE 405 MIAMI, FL 33156		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8660 W. FLAGLER ST, #200</b> <b>MIAMI FL 33144</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARNI, GUSTAVO 6555 NW 9 AVE #109 FT LAUDERDALE, FL 33309		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	
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	
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	
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.					
<b>SIGNATURE:</b>  <b>(Lorn Leitman) Print</b> <b>2/9/06 305-227-5776</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					