

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90111 015 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000105742

1. Entity Name
SUPPORT AID SOLUTIONS, USA, INC.



90134986

Principal Place of Business
 7232 W. SAND LAKE RD.
 ORLANDO, FL 32819

Mailing Address
 7232 W. SAND LAKE RD.
 ORLANDO, FL 32819



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
7232 W SAND LAKE RD
 Suite, Apt. #, etc.
205
 City & State
ORLANDO, FL

3. Mailing Address
7232 W SAND LAKE RD
 Suite, Apt. #, etc.
305
 City & State
ORLANDO, FL

4. FEI Number
03-0454177

Applied For
 Applied For
 Not Applicable

Zip Country Zip Country
32819 **32819**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
HODGSON, RICHARD
7232 W. SAND LAKE RD.
ORLANDO, FL 32819

7. Name and Address of New Registered Agent
 Name
MARC PRICE
 Street Address (P.O. Box Number is Not Acceptable)
7232 W SAND LAKE RD, #305
 City
ORLANDO FL Zip Code
32819

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 *[Signature]*
 Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)
 DATE **13TH MAY 03**

FILE NOW!!! FEE IS \$160.00
After May 1, 2003 Fee will be \$550.00
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODGSON, R. 7232 W. SAND LAKE RD. ORLANDO, FL 32819 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MARC PRICE 7232 W SAND LAKE RD, #305 ORLANDO, FL 32819 <input checked="" 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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **13TH MAY 03** 407
 DAYTIME PHONE # **3455701**

CR2E034 (10/02)