

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000040551

Entity Name: ODYSSEY U.S.A. INC.

FILED
Jan 26, 2009
Secretary of State

Current Principal Place of Business:

334 EAST LAKE ROAD
#260
PALM HARBOR, FL 34685

Current Mailing Address:

334 EAST LAKE ROAD
#260
PALM HARBOR, FL 34685

FEI Number: 41-2090240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

3438 EAST LAKE ROAD
#640
PALM HARBOR, FL 34685

New Mailing Address:

3438 EAST LAKE ROAD
#640
PALM HARBOR, FL 34685

Name and Address of Current Registered Agent:

HALL, JOHN A
110 GREENHAVEN TR
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HALL, JOHN A
Address: 110 GREENHAVEN TRAIL
City-St-Zip: OLDSMAR, FL 34677

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP/S () Change (X) Addition
Name: HALL, VANITA L
Address: 110 GREENHAVEN TRAIL
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify 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: JOHN A. HALL

P

01/26/2009

Electronic Signature of Signing Officer or Director

_____ Date