

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90189 005 \*\*\*150.00

<b>DOCUMENT # P03000109202</b>					
<b>1. Entity Name</b> BUSINESS-USA, INC.					
<b>Principal Place of Business</b> 2197 SE GENOA ST. PORT ST. LUCIE, FL 34952			<b>Mailing Address</b> 2197 SE GENOA ST. PORT ST. LUCIE, FL 34952		
<b>2. Principal Place of Business</b> 3002 SE DALHART RD. Suite, Apt. #, etc. PORT ST. LUCIE FL. City & State		<b>3. Mailing Address</b> 3002 S.E. DALHART RD Suite, Apt. #, etc. PORT ST. LUCIE FL City & State			
Zip 34952		Country ST. LUCIE		Zip 34952	
Country ST. LUCIE		<b>4. FEI Number</b> 55-0853978			
<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> CHERNISKY, GAYLE L 2197 SE GENOA ST. PORT ST. LUCIE, FL 34952			<b>7. Name and Address of New Registered Agent</b> Name <b>CHERNISKY GAYLE L.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3002 S.E. DALHART RD.</b> City <b>PORT ST LUCIE</b> FL <b>34952</b>		
<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> SIGNATURE: <u><i>Gayle Chernisky</i></u> <span style="float: right;">1-10-06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE</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	D CHERNISKY, GAYLE L 2197 SE GENOA ST. PORT ST. LUCIE, FL 34952		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHERNISKY GAYLE L 3002 SE DALHART RD PORT ST. LUCIE FL 34952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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	
<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>					
<b>SIGNATURE:</b> <u><i>Gayle Chernisky</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-10-06 772.2850459 <small>Date Daytime Phone #</small>		