

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000109202



1. Entity Name
BUSINESS-USA, INC.

Principal Place of Business
3002 SE DALHART RD.
PORT SAINT LUCIE, FL 34952

Mailing Address
3002 SE DALHART RD
PORT SAINT LUCIE, FL 34952

2. Principal Place of Business - No P.O. Box #
295 NE SAGAMORE TERR

Suite, Apt. #, etc.

3. Mailing Address
295 NE SAGAMORE TERR

Suite, Apt. #, etc.

City & State
PORT ST LUCIE FL

City & State
PORT ST LUCIE FL

Zip
34983-1262

Country
USA

Zip
34983-1262

Country
USA

01072007 Chg-P CR2E034 (12/06)

4. FEI Number
55-0853978

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHERNISKY, GAYLE L
3002 SE DALHART RD.
PORT ST. LUCIE, FL 34952

Name

Street Address (P.O. Box Number is Not Acceptable)

295 NE SAGAMORE TERR

City
PORT ST LUCIE FL Zip Code
34983

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 GAYLE L CHERNISKY Gayle Chernisky DATE 1-8-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERNISKY, GAYLE L		295 NE SAGAMORE TERRACE
STREET ADDRESS	3002 SE DALHART RD		PORT ST LUCIE FL 34983-1262
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
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CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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.

SIGNATURE: GAYLE L CHERNISKY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-07

7722850459

Daytime Phone #

**FILED
Jan 16, 2007 8:00 am
Secretary of State**

01-16-2007 90219 001 ***150.00

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