

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90013 047 ***150.00

DOCUMENT # P03000111631					
1. Entity Name USA DEVELOPMENT #200, INC.					
Principal Place of Business 1301 BEVILLE RD UNIT 7 DAYTONA BEACH, FL 32119			Mailing Address 1301 BEVILLE RD UNIT 7 DAYTONA BEACH, FL 32119		
2. Principal Place of Business - No P.O. Box # 1898 S Clyde Morris Blvd		3. Mailing Address 1898 S Clyde Morris Blvd			
Suite, Apt. #, etc. Suite 500		Suite, Apt. #, etc. Suite 500			
City & State Daytona Beach, FL		City & State Daytona Beach, FL		4. FEI Number 83-0372647	
Zip 32119		Country Volusia		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMENOLAGINE, MARILYN 1301 BEVILLE RD UNIT 7 DAYTONA BEACH, FL 32119			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1898 S Clyde Morris Blvd Suite 500 City Daytona Beach FL Zip Code 32119		
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 <u>Marilyn Amendolagine, Marilyn Amendolagine</u> <u>4-20-08</u> <small>Signature, typed or printed name of registered agent, etc. if applicable. (NOTE: Registered Agent signature required when re-electing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AMENDOLAGINE, MICHAEL <input type="checkbox"/> Delete 1301 BEVILLE RD UNIT 7 DAYTONA BEACH, FL 32119		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Amendolagine, Michael 1898 S Clyde Morris Blvd Suite 500 Daytona Beach, FL 32119	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD AMENDOLAGINE, MARILYN <input type="checkbox"/> Delete 1301 BEVILLE RD UNIT 7 DAYTONA BEACH, FL 32119		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Amendolagine, Marilyn 1898 S Clyde Morris Blvd Suite 500 Daytona Beach, FL 32119	
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.					
SIGNATURE: <u>Marilyn Amendolagine, Marilyn Amendolagine</u> <u>4-20-08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					