2007 FOR PROFIT CORPORATION ANNUAL REPORT: 7

FILED Mar 19, 2007 08:00 AM

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DOCU 1. Entity Nar	MENT # P0300012514		Secretary of Sta				
TROÝ U	SINA ENTERPRISES, INC.						
1		Mailing Address					
		2171 B STATE ROAD 16 St. Augustine, FL 32084					
				02172007	No Chg-P	CR2E034 (11/05)	
DO NOT WRITE IN THIS SPA			CE	4. FEI Numb	er	Applied F	
				20-030 5. Certificate	of Status Desired	\$8.75 Additional Fee Required	cable
	6. Name and Address of Current Regi	stered Agent		<u> </u>		r ea required	
USINA, TROY				DΩ	NOT W	RITE	
2171 B STATE ROAD 16 ST. AUGUSTINE, FL 32084					THIS SP		
				11.4	11110 01	AUL	
	e named entity submits this statement for the tions of registered agent.	purpose of changing its register	ed office or register	ed agent, or bo	th, in the State of Flo	rida. I am familiar with, and ac	:cept
SIGNATURE							_
	Signature, typed or printed name of registered agent and bit	e il applicable. (NOTE Registere	ed Agent signature required	f when reinstating)	UOOUO	DA16 571421	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5. Trust Fund Contribution.		.00 May Be ed to Fees	03/28/07 - 1 	30029-004 150.00	
10.	OFFICERS AND DIRE	CTORS					
11TLE NAME	USINA, TROY						
STREET ADDRESS CITY-ST-ZIP	2171 B STATE ROAD 16 ST. AUGUSTINE, FL 32084						
TITLE							
STREET ADDRESS CITY-ST-ZIP							
TITLE							
NAME STREET ADDRESS	!			no	NOT W	DITE	
CITY-ST-ZIP							
TITLE			-[
NAME		- · · · · · · · · · · · · · · · · · · ·	1		THIS SF		
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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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 March 9, 2007

Daytime Phone #