2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 04, 2006 08:00 AM Secretary of State DOCUMENT # P03000153065 1. Entity Name ANCHOR USA, INCORPORATED Principal Place of Business Mailing Address 3220 28TH STREET N 3220 28TH STREET N ST. PETERSBURG, FL 33713 ST. PETERSBURG, FL 33713 US 04032006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 20-0494303 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NELSON, DANIEL A DO NOT WRITE 3220 28TH STREET N #4 ST. PETERSBURG, FL 33713 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable, (NOTE Registered Agent signature regulred when reinstaling) DATE U00000562270 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. 05/19/06-80049-013 150.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME NELSON, DANIEL A STREET ADDRESS 3220 28TH STREET N #4 CITY-ST-ZIP ST. PETERSBURG, FL 33713 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED