FILED
Apr 28, 2008 08:00 AM
Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000088860

1. Entity Name
PRN USA, INC.

Principal Place of Business	Mailing Address
1042 US HWY 27 S AVON PARK, FL 33825	1042 US HWY 27 S AVON PARK, FL 33825

DO NOT WRITE IN THIS SPACE

04222008 No Chg-P CR2E034 (11/05)

4. FEI Number
26-0088743
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOOKS, HERBERT D II
1725 KAREN BOULEVARD
SEBRING, FL 33870

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

U00000027504
05/20/08-80109-015 158.75

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	HOOKS, HERBERT D II
STREET ADDRESS	1725 KAREN BOULEVARD
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	VP
NAME	HOOKS, MARYLOU K
STREET ADDRESS	1725 KAREN BOULEVARD
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	SD
NAME	GAGATAM, MELVIN G
STREET ADDRESS	2471 ST. AGUSTINE BLVD
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	O
NAME	PAGUNSAN, EUNICE JOY T
STREET ADDRESS	1602 W ALLAMANDA BLVD
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: MaryLou Hooks 4/24/08 863-452-9009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #