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Secretary of State

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2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000137461

1. Entity Name
OYS USA, INC.

bbUU0U00

Principal Place of Business	Mailing Address
262 SW 33RD STREET FT LAUDERDALE, FL 33315	262 SW 33RD STREET FT LAUDERDALE, FL 33315

01062006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: APPLIED FOR — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MORRISON, RICHARD W
1995 E OAKLAND PARK BLVD SUITE 105
FT LAUDERDALE, FL 33306

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRISON, RICHARD W 1995 E OAKLAND PARK BLVD SUITE 105 FT LAUDERDALE, FL 33306	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] ROBERT NANCE PRESIDENT — 1-16-06 — 954-764-6001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT 66008086

#P04000137461

Form **SS-4** (Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)
See separate instructions for each line. Keep a copy for your records.

EIN

OMB No. 1545-0003

1 Legal name of entity (or individual) for whom the EIN is being requested: O/S USA INC.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box): 242 SW 33RD. ST.

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code: FT LAUDERDALE, FL. 33315

5b City, state, and ZIP code

6 County and state where principal business is located: BROWARD / FLORIDA

7a Name of principal officer, general partner, grantor, owner, or trustor: ROBERT NANCE

7b SSN, ITIN, or EIN

8a Type of entity (check only one box)

- [ ] Sole proprietor (SSN)
- [ ] Partnership
- [X] Corporation (enter form number to be filed) CHAPTER "S"
- [ ] Personal service corp.
- [ ] Church or church-controlled organization
- [ ] Other nonprofit organization (specify)
- [ ] Other (specify)
- [ ] Estate (SSN of decedent)
- [ ] Plan administrator (SSN)
- [ ] Trust (SSN of grantor)
- [ ] National Guard
- [ ] Farmers' cooperative
- [ ] REMIC
- [ ] State/local government
- [ ] Federal government/military
- [ ] Indian tribal governments/enterprises

Group Exemption Number (GEN)

8b If a corporation, name the state or foreign country (if applicable) where incorporated: State FLORIDA; Foreign country

9 Reason for applying (check only one box)

- [X] Started new business (specify type)
- [ ] Hired employees (Check the box and see line 12.)
- [ ] Compliance with IRS withholding regulations
- [ ] Other (specify)
- [ ] Banking purpose (specify purpose)
- [ ] Changed type of organization (specify new type)
- [ ] Purchased going business
- [ ] Created a trust (specify type)
- [ ] Created a pension plan (specify type)

10 Date business started or acquired (month, day, year): 01-01-06

11 Closing month of accounting year: DECEMBER

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-."

Agricultural	Household	Other
		2

14 Check one box that best describes the principal activity of your business.

- [ ] Construction
- [ ] Rental & leasing
- [ ] Transportation & warehousing
- [ ] Health care & social assistance
- [ ] Accommodation & food service
- [ ] Wholesale - agent/broker
- [X] Wholesale - other
- [ ] Retail
- [ ] Real estate
- [ ] Manufacturing
- [ ] Finance & insurance
- [ ] Other (specify)

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided: WIRE + ROD PRODUCTS + INSTALLATIONS.

16a Has the applicant ever applied for an employer identification number for this or any other business? [X] Yes [ ] No

Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name: NANCE & UNDERWOOD RIGGING INC Trade name: SAME

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year): 6-1-1988 City and state where filed: FT. LAUDERDALE FL Previous EIN: 65-0046558

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name: ALLAN NAULT
Designee's telephone number (include area code): (954) 764-6001
Address and ZIP code: SAME AS ABOVE
Designee's fax number (include area code): (954) 764-5977

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Applicant's telephone number (include area code): (954) 764-6001

Name and title (type or print clearly): ROGER UNDERWOOD, VICE-PRESIDENT

Applicant's fax number (include area code): (954) 764-5977

Signature

Date: 2-15-2006

(HTA) For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form SS-4 (Rev. 12-200