

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000140544

**FILED**  
**Apr 26, 2005**  
**Secretary of State**

**Entity Name:** MOBILITY SOLUTIONS USA INC.

**Current Principal Place of Business:**

1672 SE PORT SAINT LUCIE BLVD.  
PORT SAINT LUCIE, FL 34952

**New Principal Place of Business:**

879 SW SOUTH MACEDO BLVD  
PORT SAINT LUCIE, FL 34983

**Current Mailing Address:**

1672 SE PORT SAINT LUCIE BLVD.  
PORT SAINT LUCIE, FL 34952

**New Mailing Address:**

879 SW SOUTH MACEDO BLVD  
PORT SAINT LUCIE, FL 34983

**FEI Number:** 16-1709311

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RUSKIN, RYAN  
1672 SE PORT SAINT LUCIE BLVD.  
PORT SAINT LUCIE, FL 34952 US

**Name and Address of New Registered Agent:**

RUSKIN, RYAN  
879 SW SOUTH MACEDO BLVD  
PORT SAINT LUCIE, FL 34983 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/26/2005

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: RUSKIN, RYAN  
Address: 1672 SE PORT SAINT LUCIE BLVD.  
City-St-Zip: PORT SAINT LUCIE, FL 34952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: RUSKIN, RYAN  
Address: 879 SW SOUTH MACEDO BLVD  
City-St-Zip: PORT SAINT LUCIE, FL 34983

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RYAN M RUSKIN

Electronic Signature of Signing Officer or Director

PSTD

04/26/2005

Date