2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# P05000003193

Entity Name: TEAM USA DOMONOES, INC.

Current Principal Place of Business:

9900 SW 168TH STREET
SUITE 9
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

9900 SW 168TH STREET
SUITE 9
MIAMI, FL 33157

New Mailing Address:

FEI Number: 20-2143936 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, CHARLES L
9900 SW 168TH STREET
SUITE 9
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

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 — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: VASCONCELLOS, MARK S
Address: 3917 SONG SPARROW DRIVE
City-St-Zip: WAKE FOREST, NC 27587

Title: SD ( ) Delete
Name: VASCONCELLOS, KARYN A
Address: 3917 SONG SPARROW DRIVE
City-St-Zip: WAKE FOREST, NC 27614

Title: VTD ( ) Delete
Name: JONES, CHARLES L
Address: 9900 SW 168TH STREET, SUITE 9
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete
Name: MORRISON, LINCOLN H
Address: 11550 SOUTH QUAYSIDE DRIVE
City-St-Zip: COOPER CITY, FL 33026

Title: D ( ) Delete
Name: ELIAS, WILFREDO
Address: 3932 SONG SPARROW DRIVE
City-St-Zip: WAKE FOREST, NC 27587

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARK S VASCONCELLOS P 04/25/2008

Electronic Signature of Signing Officer or Director — Date