


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90019 035 \*\*\*150.00

<b>DOCUMENT # P05000004338</b> 1. Entity Name <b>K. MADDOCKS USA ENTERPRISES, INC.</b>					
Principal Place of Business <b>2640 BREAKER LANE KISSIMMEE, FL 34746</b>			Mailing Address <b>2640 BREAKER LANE KISSIMMEE, FL 34746</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>16-1720331</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MADDOCKS, KEVIN 2330 CHADWICK CIRCLE KISSIMMEE, FL 34746</b>			7. Name and Address of New Registered Agent Name <b>KEVIN MADDOCKS</b> Street Address (P.O. Box Number is Not Acceptable) <b>2640 BREAKER LANE</b> City <b>KISSIMMEE</b> <b>FL</b> Zip Code <b>34746</b>		
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: <u><i>K. Maddocks</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>1/18/07</u>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>MADDOCKS, KEVIN</b> <input type="checkbox"/> Delete <b>44 STUART ROAD SOUTHEAST-ON-SEA ESSEX SS2 5JT,</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>MADDOCKS, SARA</b> <input type="checkbox"/> Delete <b>44 STUART ROAD SOUTHEAST-ON-SEA ESSEX SS2 5JT,</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>K. Maddocks</i></u> DATE: <u>1/18/07</u> 407-744-0541 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					