2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007
Secretary of State

DOCUMENT# P05000021309

Entity Name: FOULKES U.S. HOLDINGS, INC.

Current Principal Place of Business:

590 SOUTH OAK AVENUE
BARTOW, FL 33830 US

New Principal Place of Business:

2384 ANDREWS VALLEY DRIVE
KISSIMMEE, FL 34758 US

Current Mailing Address:

590 SOUTH OAK AVENUE
BARTOW, FL 33830 US

New Mailing Address:

2384 ANDREWS VALLEY DRIVE
KISSIMMEE, FL 34758 US

FEI Number: 20-5588571 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CENTRAL FLORIDA VISA GROUP, INC.
590 SOUTH OAK AVENUE
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

FOULKES, STEPHEN
2384 ANDREWS VALLEY DRIVE
KISSIMMEE, FL 34758 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: S FOULKES 03/28/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FOULKES, STEPHEN
Address: 8 MEDWAY ROAD, WORSLEY
City-St-Zip: MANCHESTER, UK M28 7UH UK

Title: D ( ) Delete
Name: FOULKES, STEPHANIE
Address: 8 MEDWAY ROAD, WORSLEY
City-St-Zip: MANCHESTER, UK M28 7UH UK

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FOULKES, STEPHEN
Address: 2384 ANDREWS VALLEY DRIVE
City-St-Zip: KISSIMMEE, FL 34758 US

Title: D (X) Change ( ) Addition
Name: FOULKES, STEPHANIE
Address: 2384 ANDREWS VALLEY DRIVE
City-St-Zip: KISSIMMEE, FL 34758 US

I hereby certify that the information supplied with this filing does not qualify for the 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: S FOULKES P 03/28/2007
Electronic Signature of Signing Officer or Director Date