

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P05000097434</b> 1. Entity Name <b>FLINT U.S. HOLDINGS, INC.</b>					
Principal Place of Business <b>2800 WINTER LAKE RD LAKELAND, FL 33803 US</b>			Mailing Address <b>16 CEDAR DR FETCHAM, SURREY, UK kt2-29et US</b>		
2. Principal Place of Business - No P.O. Box # <b>43344 US Hwy 27</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>DAVENPOLT FL</b>		City & State			
Zip <b>33837</b>		Country <b>U.S.</b>		Zip Country	
6. Name and Address of Current Registered Agent  <b>CENTRAL FLORIDA VISA GROUP, INC. 2800 WINTER LAKE ROAD LAKELAND, FL 33803</b>				7. Name and Address of New Registered Agent Name <b>NICHOLAS J. FLINT</b> Street Address (P.O. Box Number is Not Acceptable) <b>43344 US Hwy 27</b> City <b>DAVENPOLT FL</b> Zip Code <b>33837</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>N.J. Flint</u> <b>NICHOLAS J. FLINT, Vice President</b> <b>5 MARCH 2007</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FLINT, NICHOLAS J</b> <b>SEQUOIA 16 CEDAR DRIVE</b> <b>FETCHAM LEATHERHEAD, UK KT22 9ET</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P.</b> <b>FLINT, NICHOLAS J.</b> <b>SEQUOIA, 16 CEDAR DRIVE</b> <b>FETCHAM, LEATHERHEAD, UK, KT22 9ET</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FLINT, CATHERINE J</b> <b>SEQUOIA 16 CEDAR DRIVE</b> <b>FETCHAM LEATHERHEAD, UK KT22 9ET</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.</b> <b>FLINT, CATHERINE J.</b> <b>SEQUOIA, 16 CEDAR DRIVE</b> <b>FETCHAM, LEATHERHEAD, UK, KT22 9ET</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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.					
<b>SIGNATURE: C.J. Flint</b> <b>C.J. FLINT PRESIDENT</b> <b>5 MARCH 2007</b> <b>744 7768 547217</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					