2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000104103

1. Entity Name
FOCUS USA, INC.

40056899

Principal Place of Business	Mailing Address
4816 E. VAN NESS ROAD HERNANDO, FL 34442	4816 E. VAN NESS ROAD HERNANDO, FL 34442

03022007   Chg-P   CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4.** FEI Number: 20-3246928 — Applied For / Not Applicable
Zip / Country	Zip / Country	**5.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
BERNDSEN, H. JEANNETTE 4816 E. VAN NESS ROAD HERNANDO, FL 34442	Name: *Hugh E. Phillips CPA, Inc.* Street Address (P.O. Box Number is Not Acceptable): *1339 N Carnevale Ter.* City: *Lecanto* FL *34461*

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: *Hugh E. Phillips CPA, Pres*   DATE: *3/2/07*

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: BERNDSEN, H. JEANNETTE STREET ADDRESS: 4816 E. VAN NESS ROAD CITY-ST-ZIP: HERNANDO, FL 34442	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: _____   Date: *3/2/07*   Daytime Phone #: *352 527-1990*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR