

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000116741

**FILED**  
**Apr 20, 2009**  
**Secretary of State**

**Entity Name:** USA INVESTMENTS & INSURANCE ADVISORS, INC.

**Current Principal Place of Business:**

5500 BEE RIDGE RD, SUITE 105  
SARASOTA, FL 34233

**New Principal Place of Business:**

5500 BEE RIDGE ROAD  
SUITE 105  
SARASOTA, FL 34233

**Current Mailing Address:**

5500 BEE RIDGE RD, SUITE 105  
SARASOTA, FL 34233

**New Mailing Address:**

5500 BEE RIDGE ROAD  
SUITE 105  
SARASOTA, FL 34233

**FEI Number:** 03-0567983

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HODGKINSON, RONALD J  
5500 BEE RIDGE RD, SUITE 105  
SARASOTA, FL 34233 US

**Name and Address of New Registered Agent:**

HODGKINSON, RONALD J  
5500 BEE RIDGE ROAD  
SUITE 105  
SARASOTA, FL 34233 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:** RONALD J. HODGKINSON

04/20/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** HODGKINSON, RONALD  
**Address:** 5500 BEE RIDGE RD, SUITE 105  
**City-St-Zip:** SARASOTA, FL 34233

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** P (X) Change ( ) Addition  
**Name:** HODGKINSON, RONALD J  
**Address:** 5500 BEE RIDGE ROAD, SUITE 105  
**City-St-Zip:** SARASOTA, FL 34233

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:** RONALD J. HODGKINSON

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date