


2007 FOR PROFIT CORPORATION ANNUAL REPORT

150

DOCUMENT # P05000156768		
1. Entity Name USA DIVERSIFIED HOLDINGS, INC.		

FILED
07 MAR 30 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 330 EAST CENTRAL BOULEVARD ORLANDO, FL 32801	Mailing Address P.O. BOX 2146 ORLANDO, FL 32802
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2. Principal Place of Business - No P.O. Box # 200 S. Orange Avenue		3. Mailing Address	
Suite, Apt. #, etc. Suite 2075		Suite, Apt. #, etc.	
City & State Orlando, FL		City & State	
Zip 32801	Country USA	Zip	Country

01062007 Chg-P CR2E034 (12/06)

4. FEI Number 65-1271271		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION COMPANY OF ORLANDO 300 SOUTH ORANGE AVENUE SUITE 1000 (BMJ) ORLANDO, FL 32801		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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

Signature, typed or printed name of registered agent and title if applicable.

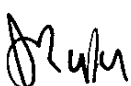
(NOTE: Registered Agent signature required when reinstating)

DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	P WINTERBURN, DAMIAN R P.O. BOX 2146 ORLANDO, FL 32802 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000095000180 <input type="checkbox"/> Change <input type="checkbox"/> Addition 04/05/07--01043--002 **550.00
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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/07 407 3770533
Date Daytime Phone #