2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05873

Entity Name: USA TELECOM, INC.

FILED Feb 28, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

480 SAWGRASS CORPORATE PKWY 20320 FAIRWAY OAKS DRIVE SUITE 220 APT# 324 C/O ROBERT GARDNER

SUNRISE, FL 33325 US BOCA RATON, FL 33434 US

Current Mailing Address: New Mailing Address:

480 SAWGRASS CORPORATE PKWY

SUITE 220

APT#324 C/O ROBERT GARDNER
SUNRISE, FL 33325 US

BOCA RATON, FL 33434 US

FEI Number: 59-2521916 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GARDNER, ROBERT
480 SAWGRASS CORPORATE PKWY
20320 FAIRWAY OAKS DR.
SUITE 220
APT. 324
SUINDISE EL 23235 LIS
APT. 324
BOOG PATON EL 23434 LIS

SUNRISE, FL 33325 US BOCA RATON, FL 33434 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: 02/28/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD () Delete Title: CD (X) Change () Addition Name: GARDNER, ROBERT Name: GARDNER, ROBERT

 Name:
 GARDNER, ROBERT
 Name:
 GARDNER, ROBERT

 Address:
 480 SAWGRASS CORPORATE PKWY
 Address:
 20320 FAIRWAY OAKS DR.

 City-St-Zip:
 SUNRISE, FL 33325
 City-St-Zip:
 BOCA RATON, FL 33434 32

Title: DPS () Delete Title: DPS (X) Change () Addition

 Name:
 RAYMOND, DAVID
 Name:
 RAYMOND, DAVID

 Address:
 480 SAWGRASS CORPORATE PKWY
 Address:
 20320 FAIRWAY OAKS DR.

 City-St-Zip:
 SUNRISE, FL 33325
 City-St-Zip:
 BOCA RATON, FL 33434

Title: CFO (X) Delete Title: () Change () Addition

 Name:
 SHAW, KAREN
 Name:

 Address:
 480 SAWGRASS CORPORATE PKWY
 Address:

 City-St-Zip:
 SUNRISE, FL 33325
 City-St-Zip:

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: DAVID RAYMOND PRES 02/28/2007