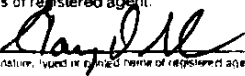
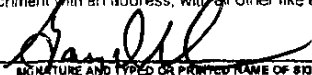


FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90099 048 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P06000029664			
1. Entity Name USA POWDERS, INC.			
Principal Place of Business 4723 EDISON AVENUE JACKSONVILLE, FL 32205		Mailing Address 4723 EDISON AVENUE JACKSONVILLE, FL 32205	
2. Principal Place of Business - No P.O. Box # 4748 Ray Ford ST.		3. Mailing Address 4748 Ray Ford ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville, Florida		City & State Jacksonville, Florida	
Zip 32254		Zip 32254	
Country		Country	
4. FEI Number 22-3928229		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GLASS, GARY D 4723 EDISON AVENUE JACKSONVILLE, FL 32205		7. Name and Address of New Registered Agent Name GARY D. GLASS Street Address (P.O. Box Number is Not Acceptable) 4748 Ray Ford ST. City Jacksonville FL Zip Code 32254	
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 		DATE 4-30-07	
Signature, typed or printed name of registered agent and "file if" applicable		(NOTE: Registered Agent signature required when relinishing)	
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	DP GLASS, GARY D 1284 HAMILTON AVENUE JACKSONVILLE, FL 32205 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT GARY D. GLASS 1284 HAMILTON ST. Jacksonville, FL, 32205 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV OLIVER, DESAUSSURE F 2124 MAYRA STREET JACKSONVILLE, FL 32204 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.S. Vicki S Glass 1284 HAMILTON ST. Jacksonville, FL, 32205 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTS OLIVER, SUSAN L 2124 MAYRA STREET JACKSONVILLE, FL 32204 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 or without other like empowered.			
SIGNATURE: 		DATE: 4-30-07 DAYTIME PHONE #: 904-388-6620	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	