

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000060726

FILED  
Jul 17, 2008  
Secretary of State

Entity Name: USA PROFESSIONAL SERVICES, CO.

## Current Principal Place of Business:

6040 OAKBEND ST.  
#13107  
ORLANDO, FL 32835 US

## New Principal Place of Business:

## Current Mailing Address:

6040 OAKBEND ST.  
#13107  
ORLANDO, FL 32835 US

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHOCKMEDIA CORPORATION  
7862 W IRLO BRONSON HWY  
121  
KISSIMMEE, FL 34747 US

## Name and Address of New Registered Agent:

SHOCKMEDIA CORPORATION  
1650 SAND LAKE RD  
110  
ORLANDO, FL 32809 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: SHOCKMEDIA CORPORATION

07/17/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GONCALVES DEOLIVEIRA, ARLESON  
Address: 6040 OAKBEND ST, #13107  
City-St-Zip: ORLANDO, FL 32835 US

Title: S ( ) Delete  
Name: GONCALVES, CIRO A  
Address: 6040 OAKBEND ST, #13107  
City-St-Zip: ORLANDO, FL 32835 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ARLESON GONCALVES DE OLIVEIRA

P

07/17/2008

Electronic Signature of Signing Officer or Director

Date