2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 16, 2007 8:00 am Secretary of State DOCUMENT # P06000062830 1. Entity Name 05-16-2007 90025 028 ***150.00 SIGNIFICANCE USA, INC. Principal Place of Business Mailing Address 2385 DAVIS BLVD NAPLES FL 34104 2385 DAVIS BLVD NAPLES FL 34104 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 22-3930325 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HRISTOPHER HILL SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. DAVIS BLUD 4TH FLOOR **MIAMI FL 33145** Zip Code 34104 NAPLES 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 the obligations of registered agent. MCHRISTOPHER HILL 02/21/07 Signature, typed or printed name of registered agent and title it applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be ... After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTD HLE Delete TOLE ☐ Change Addition HILL, CHRISTOPHER NAME NAME 2385 DAVIS BLVD STREET ADDRESS STREET ADDRESS NAPLES FL 34104 CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Delete HIGE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP III Addition HILE Delete Change NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP. CITY-ST-7IP--MILE ☐ Delete DITTE Change ■ Addition NAME STREET ADDRESS STREET ADORESS CITY-SI-7IP CHY-S1-7(P TITLE ☐ Delete ☐ Change ☐ Addition BILL NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIE TITLE Delete ☐ Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-7(P

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

HRISTOPHER HILL, PRESIDENT

FILED