2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000155585

Entity Name: UNITED STATES SUPPLY AND EQUIPMENT INC.

FILED May 01, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
321 HAZEL MARCO IS	CREST LAND, FL 34145	US	547 E. ELKCAM CIRC MARCO ISLAND, FL		
Current Mailing Address:			New Mailing Address	New Mailing Address:	
321 HAZEL MARCO IS	CREST LAND, FL 34145	US	P.O. BOX 699 MARCO ISLAND, FL	34146 US	
FEI Number:	20-8089084 FEI	Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Curre	nt Registered Agent:	Name and Address o	f New Registered Agent:	
	LCREST LAND, FL 34145 named entity submi	US its this statement for the po	urpose of changing its registered	d office or registered agent, or both,	
SIGNATUF					
	Electronic Sig	gnature of Registered Age	nt	Date	
Election Can), F.S., the corporation did not t Fund Contribution(). S:	·	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete STOCKLEIN, PAUL A 321 HAZELCREST MARCO ISLAND, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete STOCKLEIN, PAUL J 4542 HARVEY WESTERN SPRINGS,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete STOCKLEIN, CARL J 3706 SPRING TRAIL MADISON, WI 53711		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete HENDERSON, MARK 5215 BROOKSHIRE E PLAINFIELD, IL 6058	C ESTATES DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:					

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: PAUL A. STOCKLEIN P 05/01/2007