
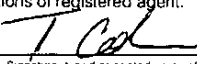
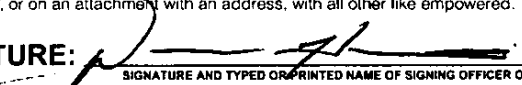


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90353 034 \*\*\*150.00

<b>DOCUMENT # P07000019772</b> 1. Entity Name <b>U.S.A. NATIONWIDE SALES, INC.</b>					
Principal Place of Business <b>7749 NORMANDY BLVD</b> <b>JACKSONVILLE, FL 32221 US</b>			Mailing Address <b>1748 MYRTLE AVE</b> <b>JACKSONVILLE, FL 32204</b>		
2. Principal Place of Business - No P.O. Box # <b>5409 BUNCHE DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>5409 BUNCHE DR</b> Suite, Apt. #, etc.			
City & State <b>Jacksonville FL 32209</b>		City & State <b>JACKSONVILLE FL</b>		4. FEI Number <b>41-2231030</b>	
Zip <b>32209</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>COLEMAN, THOMAS</b> <b>1748 MYRTLE AVE</b> <b>JACKSONVILLE, FL 32204</b>			7. Name and Address of New Registered Agent Name <b>COLEMAN, THOMAS</b> Street Address (P.O. Box Number is Not Acceptable) <b>5409 BUNCHE DRIVE</b> City <b>JACKSONVILLE</b> <b>FL</b> Zip Code <b>32209</b>		
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 <b>4-25-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE D NAME HINTON, DOREANE STREET ADDRESS 1748 MYRTLE AVE CITY-ST-ZIP JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete		TITLE D/P NAME HINTON, DOREANE STREET ADDRESS <del>1748 MYRTLE AVE</del> 5409 BUNCHE DR. CITY-ST-ZIP JACKSONVILLE, FL 32209	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE D/CEO NAME COLEMAN, THOMAS STREET ADDRESS 5409 BUNCHE DR. CITY-ST-ZIP JACKSONVILLE FL 32209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.					
SIGNATURE: 			DATE: <b>4-25-08</b> DAYTIME PHONE: <b>(904) 571-3714</b>		