2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000118050

City-St-Zip:

Entity Name: NEXT GENERATION-USA, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1777 TAMIAMI TRAIL. SUITE 400 PORT CHARLOTTE, FL 33948 **New Mailing Address: Current Mailing Address:** P. O. BOX 380909 MURDOCK, FL 339380909 FEI Number: 26-1313819 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DAVISON, ROSEMARY 1777 TAMIAMI TRAIL SUITE 400 PORT CHARLOTTE, FL 33948 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: P/D () Delete Title: (X) Change () Addition DAVISON, ROSEMARY HARRINGTON, SIMON Name: Name: 18147 CADILLAC AVENUE 4206 WINONA STREET Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33948 City-St-Zip: PORT CHARLOTTE, FL 33948 Title: VP/D Title: () Delete () Change () Addition Name: WATSON, MICHAEL Name: 12 TYNE VIEW, CLARA VALE Address: Address: RYTON, TYNE & WEAR, UK NE40 3SZ UK City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition CALLAN, ROBERT Name: Name: 1777 TAMIAMI TRAIL, SUITE 400, BOX 27 Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33948 City-St-Zip: Title: () Delete Title: VP/D () Change (X) Addition DAVISON, ROSEMARY Name: Name: Address: Address: 4206 WINONA STREET

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.

City-St-Zip:

PORT CHARLOTTE, FL 33948

SIGNATURE: R DAVISON VP/D 04/30/2009