2008 FOR PROFIT CORPORATION

Mar 05, 2008 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # P07000119361 03-05-2008 90031 002 ***150.00 1. Entity Name MANUFACTURED IN USA, INC. Principal Place of Business Mailing Address 2659 E. GULF TO LAKE HWY, PMB 511 2659 E. GULF TO LAKE HWY, PMB 511 INVERNESS, FL 34453 INVERNESS, FL 34453 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number 30 - 045005 I Applied For 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 Name CHENOWETH, DON SR. Street Address (P.O. Box Number is Not Acceptable) 2659 E. GULF TO LAKE HWY, PMB 511 INVERNESS, FL 34453 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regulard when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PV TITLE ☐ Delete TITLE Change M Addition CHENOWETH, RUTH A. NAME NAME 2659 E. GULF TO LAKE HWY, PMB 511 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INVERNESS, FL 34453 CITY-ST-ZIP TIFLE ☐ Delete Change ■ Addition CHENOWETH, DON SR. NAME NAME STREET ADDRESS 2659 E. GULF TO LAKE HWY, PMB 511 STREET ADDRESS CUTY-ST-7IP **INVERNESS, FL 34453** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change | ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not quality 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

■ Addition

FILED