2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000014555

Entity Name: USAL ASSOCIATES, INC.

6104 WEBB RD APT 807

City-St-Zip: TAMPA, FL 33615

Address:

FILED Apr 14, 2009 Secretary of State

,		, , , , , , , , , , , , , , , , , , , ,				
Current Principal Place of Business:				New Principal Place of Business:		
6104 WEBB RD 807			202			
TAMPA, FL 33615				TAMPA, FL 33615		
Current Mailing Address:				New Mailing Address:		
P O BOX 1145 TOMBALL, TX 77377			202	8383 SANDSTONE LAKE DR. 202 TAMPA, FL 33615		
FEI Number:	26-1965766	FEI Number Applied For ()	FEI Number Not Ap	plicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
105 TAMPA, FL The above i	ATERS AVE . 33604 US named entity	submits this statement for the	purpose of changing	ı its registe	ered office or registered agent, or both,	
in the State	of Florida.					
SIGNATUR	:E:					
	Electro	nic Signature of Registered Ag	ent		Date	
Election Cam	paign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P (LINDO, NANNE 30551 QUINN TOMBALL, TX	RD	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	S () Delete F P	Title:	S LINDO I	(X) Change()Addition	

Address:

City-St-Zip: TAMPA, FL 33615

8383 SANDSTONE LAKE DR. #202

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: NANNETTE LINDO P 04/14/2009