

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000030540

FILED
Apr 30, 2007
Secretary of State

Entity Name: USA CONSTRUCTION SERVICES, INC.

Current Principal Place of Business:

PO BOX 3798
LAKELAND, FL 33802 US

New Principal Place of Business:

115 PINE STREET
LAKELAND, FL 33815 US

Current Mailing Address:

P.O. BOX 3798
LAKELAND, FL 33802 US

New Mailing Address:

FEI Number: 59-3183627 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JOHNSON, MR. DENNIS
PETERSON & MYERS, P.A.
100 EAST MAIN STREET
LAKELAND, FL 33802 US

Name and Address of New Registered Agent:

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:

Title: DPT () Delete
Name: SAXENA, URMILA
Address: 20 LAKE WIRE DRIVE, SUITE 110
City-St-Zip: LAKELAND, FL 33815

Title: DVPS () Delete
Name: SAXENA, JAYANT
Address: 20 LAKE WIRE DRIVE, SUITE 110
City-St-Zip: LAKELAND, FL 33815

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAYANT SAXENA

D

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date