

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000086369

FILED
May 12, 2007
Secretary of State

Entity Name: US-PRESS, INC.

Current Principal Place of Business:

5700 MEMORIAL HWY
SUITE 202A
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

PO BOX 26533
TAMPA, FL 33623

New Mailing Address:

FEI Number: 59-322680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PARDO, MONICA
5700 MEMORIAL HWY SUITE 202A
TAMPA, FL 33615 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: PARDO, MONICA
Address: 5700 MEMORIAL HWY SUITE 202A
City-St-Zip: TAMPA, FL 33615

Title: P () Delete
Name: PARDO, PATRICIA
Address: 5700 MEMORIAL HWY. SUITE 202A
City-St-Zip: TAMPA, FL 33615

Title: VO () Delete
Name: PARDO, VENANCIO
Address: 5700 MEMORIAL HWY. SUITE 202A
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: MORISSETTE, RENE
Address: 5700 MEMORIAL HWY. SUITE 202A
City-St-Zip: TAMPA, FL 33615

Title: D (X) Change () Addition
Name: PARDO, VENANCIO
Address: 5700 MEMORIAL HWY. SUITE 202A
City-St-Zip: TAMPA, FL 33615

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: RENE MORISSETTE

P

05/12/2007

Electronic Signature of Signing Officer or Director

_____ Date