
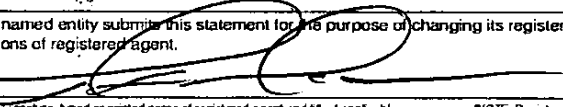
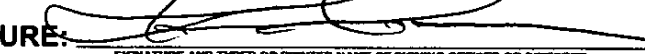


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90014 040 ***150.00

DOCUMENT # P94000044032 1. Entity Name USA PUBLICATIONS, INC.																																			
Principal Place of Business 5050 9TH STREET N B NAPLES, FL 33940 US		Mailing Address 5050 9TH STREET N B NAPLES, FL 33940 US																																	
2. Principal Place of Business 1951 J+C Blvd. Suite, Apt. #, etc. NAPLES, FL City & State 34109 Zip Country USA		3. Mailing Address 1951 J+C Blvd. Suite, Apt. #, etc. NAPLES, FL City & State 34109 Zip Country USA																																	
4. FEI Number 59-3260958		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01032006 Chg-P CR2E034 (11/05)																																	
6. Name and Address of Current Registered Agent CAUASENO, MIKE 5050 9TH ST N. #B NAPLES, FL 34103		7. Name and Address of New Registered Agent Name: MIKE CAUASENO Street Address (P.O. Box Number is Not Acceptable) 1951 J+C Blvd. City: Naples FL Zip Code: 34109																																	
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 the obligations of registered agent. SIGNATURE:  DATE: 2-15-06 <small>(NOTE: Registered Agent signature required when resigning)</small>																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> D CAUASENO, MICHAEL V A 5050 9TH ST N. SUITE B NAPLES, FL 34103 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAUASENO, MICHAEL V A 5050 9TH ST N. SUITE B NAPLES, FL 34103 <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1951 J+C Blvd. NAPLES, FL 34109 </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1951 J+C Blvd. NAPLES, FL 34109														
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12. I hereby certify that the information supplied with this filing does not qualify 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. SIGNATURE:  DATE: 2-15-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																			