
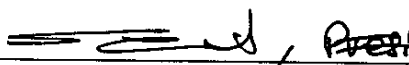



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90389 028 ***150.00

DOCUMENT # P95000084327 1. Entity Name FIRST USA TRUST, CORPORATION			
Principal Place of Business 18090 COLLINS AVE., #104 SUNNY ISLES BEACH, FL 33160		Mailing Address 18090 COLLINS AVE., #104 SUNNY ISLES BEACH, FL 33160	
2. Principal Place of Business 1835 E. HALLANDALE BLVD Suite, Apt. #, etc. S20		3. Mailing Address 1835 E. HALLANDALE BLVD Suite, Apt. #, etc. S20	
City & State HALLANDALE BEACH Zip 33009 Country USA		City & State HALLANDALE BEACH Zip 33009 Country USA	
4. FEI Number 65-0618539		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VEIT, FRANK A 18090 COLLINS AVE., #104 SUNNY ISLES BEACH, FL 33160		7. Name and Address of New Registered Agent Name FRANK VEIT, FRANK Street Address (P.O. Box Number is Not Acceptable) 1835 E. HALLANDALE BLVD. #520 City HALLANDALE BEACH FL Zip 33009	
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 <u>FRANK VEIT</u>  DATE 4/15/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)</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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VEIT, FRANK A 18090 COLLINS AVE., #104 SUNNY ISLES BEACH, FL 33160	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VEIT, FRANK 1835 E. HALLANDALE BLVD #520 HALLANDALE BEACH, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>FRANK VEIT, PRES.</u> 		Date 4/15/06 Daytime Phone # 305-444-6700	