

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000027670

Entity Name: U.S. SURGE PROTECTION, INC.

FILED
Apr 21, 2005
Secretary of State

Current Principal Place of Business:

3020 SW 14TH PL
#3
BOYNTON BEACH, FL 33426

Current Mailing Address:

P.O. BOX 294411
BOCA RATON, FL 33429

New Principal Place of Business:

3020 SW 14TH PL
#4
BOYNTON BEACH, FL 33426

New Mailing Address:

FEI Number: 65-0731711 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTEODO, PETER A
117 NE 9TH AVE
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

MATTEODO, PETER A
8035 STIRRUP CAY CT
BOYNTON BEACH, FL 33436 US

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: PETER MATTEODO

04/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MATTEODO, PETER A
Address: 117 NE 9TH AVE
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: V () Delete
Name: MATTEODO, TROY F
Address: 2825 CASITA WAY #201
City-St-Zip: DELRAY BEACH, FL 33445

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MATTEODO, PETER A
Address: 8035 STIRRUP CT
City-St-Zip: BOYNTON BEACH, FL 33436

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

Title: T () Change (X) Addition
Name: NICHOLSON, PETER
Address: 322 S 57TH TERRACE
City-St-Zip: HOLLYWOOD, FL 33033

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PETER MATTEODO

P

04/21/2005

Electronic Signature of Signing Officer or Director

Date