

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000027670

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

FILED  
Apr 26, 2006  
Secretary of State

## Current Principal Place of Business:

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

## Current Mailing Address:

P.O. BOX 294411  
BOCA RATON, FL 33429

## New Principal Place of Business:

1035 S FEDERAL HWY  
#417  
DELRAY BEACH, FL 33483

## 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  
8035 STIRRUP CAY CT  
BOYNTON BEACH, FL 33436      US

## Name and Address of New Registered Agent:

MATTEODO, PETER A  
1035 S FEDERAL HWY  
DELRAY BEACH, FL 33483      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

04/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MATTEODO, PETER A  
Address: 1035 S FEDERAL HWY, #417  
City-St-Zip: DELRAY BEACH, FL 33483

Title: V (X) Change ( ) Addition  
Name: CARSTENS, SEAN L  
Address: 6131 N FICUS LN  
City-St-Zip: LANTANA, FL 33462

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

I hereby certify that the information supplied with this filing does not qualify for the 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: PETER MATTEODO

P

04/26/2006

Electronic Signature of Signing Officer or Director

Date