

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000027670

FILED
Jul 03, 2007
Secretary of State

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

Current Principal Place of Business:

5425 N DIXIE HIGHWAY #2
BOCA RATON, FL 33487

New Principal Place of Business:

4611 N. DIXIE HIGHWAY
BOCA RATON, FL 33431

Current Mailing Address:

P.O. BOX 294411
BOCA RATON, FL 33429

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
1035 S FEDERAL HWY
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

MATTEODO, PETER A
801 PALM TRAIL
UNIT #7
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

07/03/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: V () Delete
Name: AMONTE, MICHAEL
Address: 8055 SW PALMETTO LANE
City-St-Zip: BOYNTON BEACH, FL 33436

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: 801 PALM TRAIL UNIT 7
City-St-Zip: DELRAY BEACH, FL 33483

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

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

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: PETER MATTEODO

P

07/03/2007

Electronic Signature of Signing Officer or Director

Date