2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000047289

1. Entity Name

USINA ENTERPRISES, INC.



Principal Place of Business

2171 A STATE ROAD 16 SAINT AUGUSTINE, FL 32084 Mailing Address

2171 A STATE ROAD 16 SAINT AUGUSTINE, FL 32084

FILED Mar 12, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE 022222007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3449700

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

USINA, DAVID 2171 A STATE ROAD 16 SAINT AUGUSTINE, FL 32084

DO NOT WRITE IN THIS SPACE

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					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P USINA, LOIS MARIE 2171 A SR 16 SAINT AUGUSTINE, FL 32084				H00000662401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP USINA, DAVID AMBROSE 2171 A SR 16 SAINT AUGUSTINE. FL 32084	W 18 10			000000662401 03/21/07-80012-004 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAINT A03037INE, PE 32004			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE
TITLE NAME STREET AODRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-S1-ZIP			i		
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.					