

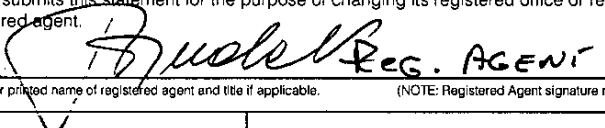
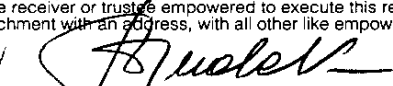


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90170 010 ***150.00

DOCUMENT # P98000030348 1. Entity Name MAINTENANCE SYSTEMS OF USA INC.					
Principal Place of Business 175 HOULE AVE SARASOTA, FL 34232 US			Mailing Address 175 HOULE AVE SARASOTA, FL 34232 US		
2. Principal Place of Business 5168 CAMUS WAY → SAME		3. Mailing Address 5168 CAMUS WAY → SAME			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		02052006 Chg-P CR2E034 (11/05)	
City & State SARASOTA FL		City & State 		4. FEI Number 59-3501931	
Zip 34232		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUDEK, TADEUSZ 175 HOULE AVENUE SARASOTA, FL 34232				7. Name and Address of New Registered Agent Name DUDEK TADEUSZ Street Address (P.O. Box Number is Not Acceptable) 5168 CAMUS WAY City SARASOTA FL Zip Code 34232	
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  DUDEK TADEUSZ DATE 04/18/06 <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	P DUDEK, TADEUSZ 175 HOULE AVE SARASOTA, FL 34232	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5168 CAMUS WAY SARASOTA, FL 34232	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUDEK, ALICJA 175 HOULE AVE SARASOTA, FL 34232	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5168 CAMUS WAY SARASOTA FL 34232	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  TADEUSZ DUDEK <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			PRES. 04/18/06 841 378-5054 <small>Date Daytime Phone #</small>		