2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000034096

Entity Name: USB WAREHOUSE, INC.

FILED May 02, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3510 N LOCKWOOD RIDGE ROAD 10 SARASOTA CENTER BLVD

SARASOTA, FL 34234 SARASOTA, FL 34240

Current Mailing Address: New Mailing Address:

3510 N LOCKWOOD RIDGE ROAD 10 SARASOTA CENTER BLVD

SARASOTA, FL 34234 SARASOTA, FL 34240

FEI Number: 65-0827940 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WALLACK, MICHAEL M ESQ WALLACK, MICHAEL M ESQ 1819 MAIN STREET

SARASOTA, FL 34237 US SUITE 1100 SARASOTA, FL 34236 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: 05/02/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD () Delete Title: PTD (X) Change () Addition

Name:SLOAN, GREGORY SName:SLOAN, GREGORY SAddress:3510 N LOCKWOOD RIDGE ROADAddress:10 SARASOTA CENTER BLVD

City-St-Zip: SARASOTA, FL 34234 City-St-Zip: SARASOTA, FL 34240

Title: VSD () Delete Title: VSD (X) Change () Addition

Name: SLOAN, STACY Name: SLOAN, STACY

Address: 3510 N LOCKWOOD RIDGE ROAD Address: 10 SARASOTA CENTER BLVD City-St-Zip: SARASOTA, FL 34234 City-St-Zip: SARASOTA, FL 34240

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: STACY SLOAN VSD 05/02/2005