


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90164 035 \*\*\*150.00

DOCUMENT # P98000074852  
 1. Entity Name  
 EFFECTIVE PREVENTION USA, INC.



Principal Place of Business      Mailing Address  
 300 GOLF BROOK CIRCLE, UNIT 108      300 GOLF BROOK CIRCLE, UNIT 108  
 LONGWOOD, FL 32779 US      LONGWOOD, FL 32779 US

**54052866**



2. Principal Place of Business      3. Mailing Address  
 300 GOLF BROOK CIR.      300 GOLF BROOK CIR.  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 #108      #108

04132004      Chg-P      CR2E034 (10/03)

City & State      City & State  
 LONGWOOD, FL.      LONGWOOD, FL  
 Zip      Country      Zip      Country  
 32779      SEMINOLE      32779      SEMINOLE

4. FEI Number      Applied For  
 59-3575751      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 TAYLOR, JANICE  
 300 GOLF BROOK CIRCLE, UNIT 108  
 LONGWOOD, FL 32779

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	TAYLOR, JANICE	
STREET ADDRESS	300 GOLF BROOK CIRCLE UNIT 108	
CITY - ST - ZIP	LONGWOOD, FL 32779	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Janice Taylor*      JANICE TAYLOR      May 3 '04 (407) 788-8105  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #