


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2005 8:00 am
Secretary of State

05-25-2005 90003 029 ***150.00

DOCUMENT # P98000074852					
1. Entity Name EFFECTIVE PREVENTION USA, INC.					
Principal Place of Business 300 GOLF BROOK CIRCLE UNIT #108 LONGWOOD, FL 32779 US			Mailing Address 300 GOLF BROOK CIRCLE UNIT #108 LONGWOOD, FL 32779 US		
2. Principal Place of Business 300 GOLF BROOK CIR.		3. Mailing Address 300 GOLF BROOK CIR.			
Suite, Apt. #, etc. #108		Suite, Apt. #, etc. #108			
City & State LONGWOOD FL		City & State LONGWOOD, FL		04222005 Chg-P CR2E034 (10/03)	
Zip 32779		Country USA		4. FEI Number 59-3575751	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
TAYLOR, JANICE 300 GOLF BROOK CIRCLE, UNIT 108 LONGWOOD, FL 32779		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: <i>Janice Taylor</i>		PRESIDENT		DATE: <i>May 20 '05</i>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 TAYLOR, JANICE <i>GOLF</i> 300 GOLF BROOK CIRCLE UNIT 108 LONGWOOD, FL 32779	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 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: <i>Janice Taylor</i>		PRESIDENT		DATE: <i>May 20 '05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	