


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90065 023 ***150.00

DOCUMENT # P98000095832	
1. Entity Name HFS-USA, INC.	

Principal Place of Business 550 FAIRWAY DR # 103A DEERFIELD BEACH, FL 33441	Mailing Address 550 FAIRWAY DR # 103A DEERFIELD BEACH, FL 33441
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2. Principal Place of Business - No P.O. Box # 550 FAIRWAY DR	3. Mailing Address 550 FAIRWAY DR
Suite, Apt. #, etc. # 101	Suite, Apt. #, etc. # 101
City & State DEERFIELD BEACH, FL	City & State DEERFIELD BEACH, FL
Zip 33441	Country US



05012007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0874853	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHAMBERLAND, MARC J 550 FAIRWAY DR # 103 A DEERFIELD BEACH, FL 33441
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7. Name and Address of New Registered Agent Name CHAMBERLAND, MARC, J Street Address (P.O. Box Number is Not Acceptable) 550 FAIRWAY DRIVE #101 City DEERFIELD BEACH FL Zip Code 33441

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.

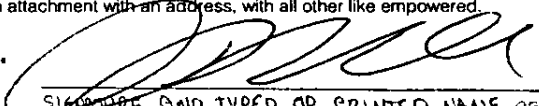
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBERLAND, MARC 550 FAIRWAY DR # 103 A DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CHAMBERLAND, MARC J 550 FAIRWAY DR # 103 A DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERRLE, KEN 500 FAIRWAY DRIVE, SUITE 101 DEERFIELD BEACH, FL 33441 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANDERSON, JIM 500 FAIRWAY DRIVE, SUITE 101 DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FARRIS, ROBERT 500 FAIRWAY DRIVE, SUITE 101 DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBERLAND, MARC 550 FAIRWAY DRIVE, #101 DEERFIELD BEACH, FL 33441 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CHAMBERLAND, MARC J 550 FAIRWAY DRIVE, #101 DEERFIELD BEACH, FL 33441 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **Marc Chamberland** 4/30/07 (954)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #