## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **Secretary of State** 01-15-2008 90035 014 \*\*\*150.00 DOCUMENT # P99000011911 1. Entity Name U.S.I.V. INC. guov -Principal Place of Business Mailing Address 2909 N. ORANGE AVE. 2909 N. ORANGE AVE. ORLANDO, FL 32804 ORLANDO, FL 32804 CR2E034 (11/05) 01092008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3575473 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DAVIES, JOHN W DO NOT WRITE 2643 LAKE SHORE DR ORLANDO, FL 32803 IN THIS SPACE 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. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME DAVIES, JOHN 2643 LAKE SHORE DR. STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32803 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 charged, or on an attachment with an address, with all other like empowered.

NAME STREET ADDRESS CITY-ST-ZIP

**FILED** 

Jan 15, 2008 8:00 am,