

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90673 029 ***150.00

DOCUMENT # P99000018477 1. Entity Name MESSAGE DEPOT USA, INC.																													
Principal Place of Business 111 E BULLARD PKWY, STE D TEMPLE TERRACE, FL 33617			Mailing Address 111 E BULLARD PKWY, STE D TEMPLE TERRACE, FL 33617																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 89931 Suite, Apt. #, etc.																											
City & State Zip Country		City & State TAMPA, FL. Zip Country 33689 U.S.A.		4. FEI Number 59-3571539 Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04292004 Chg-P CR2E034 (10/03)																									
6. Name and Address of Current Registered Agent PRIOR, RAMONA 111 E BULLARD PKWY, STE D TEMPLE TERRACE, FL 33617			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PRIOR, RAMONA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>111 E BULLARD PKWY # D</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>TEMPLE TERRACE, FL 33617</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	PRIOR, RAMONA		STREET ADDRESS	111 E BULLARD PKWY # D		CITY- ST- ZIP	TEMPLE TERRACE, FL 33617		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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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>Ramon Prior</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-29-04 Date Daytime Phone #																										