2006 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Jan 31, 2006 08:00 AM DOCUMENT # P99000033434 **Secretary of State** 1. Entity Name US MESSAGING, INC. Principal Place of Business Malling Address P.O. BOX 274168 P.O. BOX 274168 TAMPA, FL 33688-4168 TAMPA, FL 33688-4168 01262006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3567532 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS ST. TALLAHASSEE, FL 32301 IN THIS SPACE 6. 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 acceptable to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME LUCAS, ERIC STREET ADDRESS PO BOX 274168 CITY-SI-ZIP **TAMPA, FL 33688** TITLE NAME

U00000412905 02/10/06-80068-002 158.75

Applied For

Not Applicat

DO NOT WRITE IN THIS SPACE

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CHTY-ST-ZIP TITLE

NAME STREET ADDRESS CATY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP 7171.8 MAME STREET ADDRESS CITY-ST-ZIP

, ERIC LECKS