2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000062852

Entity Name: 50 U.S. GROUP CORP.

Address:

City-St-Zip:

6433 ROCKINGTREE LANE

ORLANDO, FL 32819

FILED Jun 15, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6433 ROCKINGTREE LANE 278 IOWA WOODS CIRCLE WEST ORLANDO, FL 32819 ORLANDO, FL 32824 **Current Mailing Address: New Mailing Address:** 278 IOWA WOODS CICLE WEST 6433 ROCKINGTREE LANE ORLANDO, FL 32819 ORLANDO, FL 32824 FEI Number: 59-3590050 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: AZNAR, CARLOS J AZNAR, MATIAS H 6433 RÓCKINGTREE LANE 278 IOWA WOODS CIRCLE WEST ORLANDO, FL 32819 ORLANDO, FL 32824 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. SIGNATURE: MATIAS H AZNAR 06/15/2006 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition AZNAR, MATIAS H Name: Name: 6433 ROCKINGTREE LANE Address: Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: Title: Title: () Delete () Change () Addition Name: AZNAR, CARLOS J Name: 6433 ROCKINGTREE LANE Address: Address: ORLANDO, FL 32819 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition AZNAR, JUDIT Name: Name: 6433 ROCKINGTREE LANE Address: Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: Title: () Delete Title: () Change () Addition AZNAR, JORGE Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MATIAS H AZNAR PV 06/15/2006