

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90070 048 \*\*\*150.00

**DOCUMENT # P99000084682**

1. Entity Name  
**NEWS FEATURES U.S.A. INC.**



Principal Place of Business  
**11930 N. BAYSHORE DRIVE**  
**1102**  
**MIAMI, FL 33181**

Mailing Address  
**11930 N. BAYSHORE DRIVE**  
**1102**  
**MIAMI, FL 33181**

40052377



2. Principal Place of Business  
**301 NE 88<sup>th</sup> STREET**  
 Suite, Apt. #, etc.

3. Mailing Address  
**301 NE 88<sup>th</sup> STREET**  
 Suite, Apt. #, etc.

01312006 Chg-P CR2E034 (11/05)

City & State  
**EL PORTAL**

City & State  
**EL PORTAL**

4. FEI Number  
**65-0946623** Applied For  
 Not Applicable

Zip **FL** Country **33138**

Zip **33138** Country **U.S.**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BOTT, CHRISTOPHER W.**  
**11930 N BAYSHORE DR.# 1102**  
**MIAMI, FL 33181**

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:

Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/9/06**  
 DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BOTT, CHRISTOPHER M</b>	
STREET ADDRESS	<b>6301 COLLINS AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33141</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**C.M. BOTT**

**4/9/06**  
 Date

**305 754 5644**  
 Daytime Phone #