



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000088767	
1. Entity Name THE USWARE GROUP, INC.	

Principal Place of Business 1922 OAK GROVE BLVD. LUTZ, FL 33559	Mailing Address 1922 OAK GROVE BLVD. LUTZ, FL 33559
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DO NOT WRITE IN THIS SPACE


01302007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3602904	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUADAGNO, LINDA DIAN
22823 BAY CEDAR DR
LAND O' LAKES, FL 34639

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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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U00000632820
02/21/07-80037-007 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GUADAGNO, LINDA DIAN 22823 BAY CEDAR DR LAND O' LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GUADAGNO, ANTHONY 22823 BAY CEDAR DRIVE LAND O' LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  02/09/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR