2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 27, 2006 8:00 am Secretary of State DOCUMENT # P99000091044 04-27-2006 90175 047 ***150 00 USA STOR-A-WAY, INC. Principal Place of Business Mailing Address 40065878 4051 WEST STATE RD 46 4051 W. STATE RD. 46 SANFORD, FL 32771 SANFORD, FL 32771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03092006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-3606325 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARDAMONE, GARY V Street Address (P.O. Box Number is Not Acceptable) 4051 WEST STATE RD 46 SANFORD, FL 32771 Zip Code FL 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 if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PDS PAC TITLE Delete TITLE GARY V. CARDAMONE 1713 SHADY REST CT. Addition CARDAMONE, GARY NAME NAME **467 STILL FOREST TERRACE** STREET ADDRESS STREET ADDRESS LAKE MARY FL. 32786 CITY-ST-ZIP SANFORD, FL 32771 CITY-ST-ZIP RICHARD CARDAMONE 1368 BIRCH CREST COUNT TITLE Delete TITLE ☐ Addition CARDAMONE, RICHARD NAME NAME STREET ADDRESS 19444 SATURNIA LAKES DRIVE STREET ADDRESS LAKE MARY FL. 32746 CITY-ST-ZIP BOCA RATON, FL 33498 CITY-ST-ZIP DТ TITLE ☐ Delete TITLE ☐ Change ☐ Addition PORCHE, ROBERT NAME NAME STREET ADDRESS 6003 TWIN POINT WAY STREET ADDRESS WOODSTOCK, GA 30189 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition HUMMEL, RANDY NARZE NAME STREET ADDRESS STREET ADDRESS 860 N.W. 45TH STREET CITY-ST-ZIP POMPANO BEACH, FL 33064 CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7tP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 over like empowered. ROBERT J POPULE JA 2-28-06 407-302-4017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #