


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000095832  
 1. Entity Name  
 HFS-USA, INC.



Principal Place of Business  
 550 FAIRWAY DR  
 # 103A  
 DEERFIELD BEACH, FL 33441

Mailing Address  
 550 FAIRWAY DR  
 # 103A  
 DEERFIELD BEACH, FL 33441



01262006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-0874853 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 CHAMBERLAND, MARC J  
 550 FAIRWAY DR  
 # 103 A  
 DEERFIELD BEACH, FL 33441

**DO NOT WRITE 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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CHAMBERLAND, MARC
STREET ADDRESS	550 FAIRWAY DR # 103 A
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	PST
NAME	CHAMBERLAND, MARC J
STREET ADDRESS	550 FAIRWAY DR # 103 A
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	VP
NAME	HERRLE, KEN
STREET ADDRESS	500 FAIRWAY DRIVE, SUITE 101
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	VP
NAME	ANDERSON, JIM
STREET ADDRESS	500 FAIRWAY DRIVE, SUITE 101
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	VP
NAME	FARRIS, ROBERT
STREET ADDRESS	500 FAIRWAY DRIVE, SUITE 101
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000553961  
 05/15/06-80072-024 158.75

**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: *Jim Anderson* *4/28/06* *954-596-15*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #