


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90065 023 \*\*\*150.00

<b>DOCUMENT # P98000095832</b>			
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	
2. Principal Place of Business - No P.O. Box # 550 FAIRWAY DR		3. Mailing Address 550 FAIRWAY DR	
Suite, Apt. #, etc. # 101		Suite, Apt. #, etc. # 101	
City & State DEERFIELD BEACH, FL		City & State DEERFIELD BEACH, FL	
Zip 33441	Country US	Zip 33441	Country US



05012007 Chg-P CR2E034 (12/06)

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		7. Name and Address of New Registered Agent Name CHAMBERLAND, MARC, J Street Address (P.O. Box Number is Not Acceptable) 550 FAIRWAY DRIVE #101 City DEERFIELD BEACH FL Zip Code 33441	
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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.

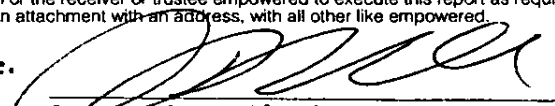
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBERLAND, MARC 550 FAIRWAY DR # 103 A DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBERLAND, MARC 550 FAIRWAY DRIVE, #101 DEERFIELD BEACH, FL 33441 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CHAMBERLAND, MARC J 550 FAIRWAY DR # 103 A DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CHAMBERLAND, MARC J 550 FAIRWAY DRIVE, #101 DEERFIELD BEACH, FL 33441 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERRLE, KEN 500 FAIRWAY DRIVE, SUITE 101 DEERFIELD BEACH, FL 33441 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANDERSON, JIM 500 FAIRWAY DRIVE, SUITE 101 DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FARRIS, ROBERT 500 FAIRWAY DRIVE, SUITE 101 DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: 4/30/07 DAYTIME PHONE: (954) \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #