

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000095832

FILED
Jan 24, 2008
Secretary of State

Entity Name: HFS-USA, INC.

Current Principal Place of Business:

550 FAIRWAY DR
#101
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

550 FAIRWAY DR
#101
DEERFIELD BEACH, FL 33441

New Mailing Address:

FEI Number: 65-0874853 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAMBERLAND, MARC J
550 FAIRWAY DR
#101
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHAMBERLAND, MARC
Address: 550 FAIRWAY DRIVE #101
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: PST () Delete
Name: CHAMBERLAND, MARC J
Address: 550 FAIRWAY DRIVE #101
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: VP () Delete
Name: ANDERSON, JIM
Address: 500 FAIRWAY DRIVE, SUITE 101
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: VP () Delete
Name: FARRIS, ROBERT
Address: 500 FAIRWAY DRIVE, SUITE 101
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PT (X) Change () Addition
Name: CHAMBERLAND, MARC J
Address: 550 FAIRWAY DRIVE #101
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: VPS (X) Change () Addition
Name: ANDERSON, JIM
Address: 500 FAIRWAY DRIVE, SUITE 101
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: VISCOMI, KATHLEEN
Address: 500 FAIRWAY DRIVE, SUITE 101
City-St-Zip: DEERFIELD BEACH, FL 33441

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM ANDERSON

Electronic Signature of Signing Officer or Director

VPS

01/24/2008

_____ Date