


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90153 044 \*\*\*150.00

<b>DOCUMENT # F96000006618</b>					
1. Entity Name UNIVERSAL TECHNICAL RESOURCE SERVICES, INC.					
Principal Place of Business 950 N. KINGS HIGHWAY, SUITE 306 CHERRY HILL, NJ 08034			Mailing Address 950 N. KINGS HIGHWAY, SUITE 306 CHERRY HILL, NJ 08034		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 22-2684542	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City <b>FL</b> Zip Code		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCLEAN, LAMONT	NAME	- 617 STOKES ROAD SUITE 4		
STREET ADDRESS	202 FOX CHASE DRIVE	STREET ADDRESS	- MEDFORD, NJ 08055		
CITY-ST-ZIP	VINCENTOWN, NJ 08088	CITY-ST-ZIP			
TITLE	PSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZALCMANN, ALBERT	NAME			
STREET ADDRESS	413 JAMAICA DR	STREET ADDRESS			
CITY-ST-ZIP	CHERRY HILL, NJ 08002	CITY-ST-ZIP			
TITLE	CEOD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WRIGHT, GERALD	NAME			
STREET ADDRESS	8 DERBY DR	STREET ADDRESS			
CITY-ST-ZIP	SEWELL, NJ 08080	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	✓ NICHOLAS CUSTANZA		
STREET ADDRESS		STREET ADDRESS	1328 RIDGE AVENUE		
CITY-ST-ZIP		CITY-ST-ZIP	MANA HAWKEN, NJ 08050		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	✓ STEVEN GEORGE		
STREET ADDRESS		STREET ADDRESS	628 OLD TURNPIKE ROAD		
CITY-ST-ZIP		CITY-ST-ZIP	PORT MURRAY, NJ 07865		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	✓ CAROL PAFUME		
STREET ADDRESS		STREET ADDRESS	427 WOODSIDE PLACE		
CITY-ST-ZIP		CITY-ST-ZIP	WOODBURY, NJ 08096		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Gerald W. Wright</i>		GERALD W. WRIGHT		04/18/2005 856 667-9655	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	