


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90013 023 ****61.25

DOCUMENT # N25141	
1. Entity Name UFSB ASSOCIATION, INC.	

Principal Place of Business 3850 HOLLYWOOD BLVD STE 400 HOLLYWOOD, FL 33021 US	Mailing Address 3850 HOLLYWOOD BLVD STE 400 HOLLYWOOD, FL 33021 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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40079104



03282007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0123126	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CORNFELD, ROBERT M
3850 HOLLYWOOD BLVD STE 400
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE
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**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MORGAN, ED	
STREET ADDRESS	2445 HOLLYWOOD BLVD 105	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MORGAN, RUTH	
STREET ADDRESS	2445 HOLLYWOOD BLVD 105	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORNFELD, ROBERT M.	
STREET ADDRESS	3850 HOLLYWOOD BLVD #400	
CITY-ST-ZIP	HOLLYWOOD, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHUGAR, MARTIN	
STREET ADDRESS	3850 HOLLYWOOD BLVD #401	
CITY-ST-ZIP	HOLLYWOOD, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNOX, SONIA	
STREET ADDRESS	3850 Hollywood Blvd	
CITY-ST-ZIP	Hollywood FL 33021	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chandar, Dr. Jay	
STREET ADDRESS	3850 Hollywood Blvd #202	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cornfeld, Robert m.	
STREET ADDRESS	3850 Hollywood Blvd #400	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alves, Dr. Ney R	
STREET ADDRESS	3850 Hollywood Blvd #1B	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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:	3/19/07 (954) 989-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

Robert M. Cornfeld