2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT# P02000103785

1. EntityName
UNIVERSALLIVINGSPROUTS,INC.

PrincipalPlaceofBusiness
16426BROOKFIELDESTATESWAY
DELRAYBEACH,FL33446

MailingAddress
16426BROOKFIELDESTATESWAY
DELRAYBEACH,FL33446

01112006 NoChg-P CR2E034(11/05)

DO NOT WRITE IN THIS SPACE

4. FEINumber
06-1648645
☐ AppliedFor
☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

DAVIS,JOAN
16426BROOKFIELDESTATESWAY
DELRAYBEACH,FL33446

DO NOT WRITE IN THIS SPACE

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____
Signature,typedorprintednameofregisteredagentandtitleifapplicable (NOTE:RegisteredAgentSignaturerequiredwhenre Instating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS

TITLE	P
NAME	DAVIS,JOAN
STREETADDRESS	16426BROOKFIELDESTATESWAY
CITY-ST-ZIP	DELRAYBEACH,FL33446
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
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TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	

U00000393250
01/25/06-80012-018 150.00

DO NOT WRITE IN THIS SPACE

12. Ihereby 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 Joan Davis 01/17/06 (561)637-3850
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#