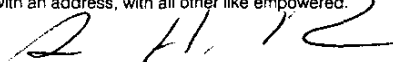


FILED
Jan 19, 2007 8:00 am
Secretary of State

50001049

DOCUMENT # P05000149394 1. Entity Name ULFER II CORPORATION				Secretary of State 01-19-2007 90031 002 ***150.00	
Principal Place of Business 19239 FISHERMAN'S BEND DRIVE LUTZ, FL 33558		Mailing Address 19239 FISHERMAN'S BEND DRIVE LUTZ, FL 33558		50001049	
2. Principal Place of Business - No P.O. Box # 2415 Ross Rd Suite, Apt. #, etc. #202 City & State Silver Spring MD Zip 20910 Country USA		3. Mailing Address 2415 Ross Rd Suite, Apt. #, etc. #202 City & State Silver Spring MD Zip 20910 Country USA		 01142007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. 401 E. JACKSON STREET SUITE 1700 TAMPA, FL 33602		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 _____ (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 FERNANDEZ, ANDREA H 19239 FISHERMAN'S BEND DRIVE LUTZ, FL 33558	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, ANDREA H 2415 ROSS RD #202 SILVER SPRING, MD 20910
		☐ Change	☐ Addition		
		☐ Change	☐ Addition		
		☐ Change	☐ Addition		
		☐ Change	☐ Addition		
		☐ Change	☐ Addition		
		☐ Change	☐ 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: 		Andrea H. Fernandez 1-13-07 813-727-6064			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			