2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006
Secretary of State

DOCUMENT# 388071

Entity Name: ALAN L. ULCH, INC.

Current Principal Place of Business:

343 AVE C SW
WINTER HAVEN, FL 33880 US

New Principal Place of Business:

Current Mailing Address:

343 AVE C SW
WINTER HAVEN, FL 33880 US

New Mailing Address:

FEI Number: 59-1361985 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRAVISS,JAMES
139 AVENUE C SW
WINTER HAVEN, FL 33880 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: V ( ) Delete
Name: ULCH, CURT
Address: 115 OKALOOSA DR SE
City-St-Zip: WINTER HAVEN,, FL 33884

Title: T ( ) Delete
Name: HENDRICKSON, KARI
Address: 1810 OVERLOOK DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: PD ( ) Delete
Name: ULCH, ALAN,
Address: 441 SAN JOSE
City-St-Zip: WINTER HAVEN, FL 33884

Title: S ( ) Delete
Name: ULCH-DAVIS, TAMI
Address: 239 RYDALMONT ROAD
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PD (X) Change ( ) Addition
Name: ULCH, ALAN,
Address: 1820 OVERLOOK DR
City-St-Zip: WINTER HAVEN, FL 33884

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

I hereby certify that the information supplied with this filing does not qualify for the 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: KARI U HENDRICKSON TRES 04/21/2006

Electronic Signature of Signing Officer or Director Date