2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 422604

Entity Name: UNIFORM CITY, U.S.A., INC.

FILED May 01, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

4045 W. KENNEDY BLVD. TAMPA, FL 33609 US

Current Mailing Address: New Mailing Address:

4601 W CAMANCHE AVE TAMPA, FL 33614 US 4601 W. COMANCHE AVE. TAMPA, FL 33614 US

FEI Number: 59-1453866 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHANNON, JEFFREY C 501 EAST KENNEDY BLVD. STE 1700 TAMPA, FL 33602 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PTD (X) Change () Addition

Name: LINN, STEPHEN D Name: LINN, STEPHEN D
Address: 4601 W. COMANCHE AVENUE Address: 4601 W. COMANCHE AVENUE

City-St-Zip: TAMPA, FL 33614 City-St-Zip: TAMPA, FL 33614

Title: D () Delete Title: S (X) Change () Addition

 Name:
 LINN, CONSTANCE E
 Name:
 LINN, CONSTANCE E

 Address:
 4601 W. COMANCHE AVENUE
 Address:
 4601 W. COMANCHE AVENUE

City-St-Zip: TAMPA, FL 33614 City-St-Zip: TAMPA, FL 33614

Title: D () Delete Title: DVP (X) Change () Addition Name: LINN, JEFFREY N, Name: LINN, JEFFREY N

Name: LINN, JEFFREY N, Name: LINN, JEFFREY N
Address: 4601 W. COMANCHE AVENUE Address: 4601 W. COMANCHE AVENUE

City-St-Zip: TAMPA, FL 33614 City-St-Zip: TAMPA, FL 33614

Title: D () Delete Title: DVP (X) Change () Addition

Name: LINN, CRAIG Name: LINN, CRAIG
Address: 4601 W. COMANCHE AVENUE Address: 4601 W. COMANCHE AVENUE

City-St-Zip: TAMPA, FL 37614 City-St-Zip: TAMPA, FL 37614

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: CRAIG LINN DVP 05/01/2006