## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 30, 2006 8:00 am Secretary of State

1, Entity Nam UCAC, IN						01-30-2006 90	-				
5737 CORPC	rincipal Place of Business Mailing Address 5737 CORPORATE WAY VEST PALM BCH, FL 33407-2097 US BERTRAM F. COLLINS PO BOX 10631 RIVIERA BEACH, FL 33419			US		ETI (1701 1708 1887) 18		7 <b>88 b</b> an 680	1414 N 1111		
2. Principal P	lace of Business	3. Mailing Address		·							
Suite, Apt. #, etc. Suite, Apt. #, etc.				01182006	Chg-P	CR2E034	(11/05)				
City & Stat	<u> </u>	City & State			4. FEI Number 04-2058	330		No	plied For t Applicable		
Zip **	Country	Zip	Coun	try	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				itional t		
<u> </u>	6. Name and Address of Current	Registered Agent		Name	7. Name and A	ddress of New R	egistered Ag	ent			
	BERTRAM F. PORATE WAY		(P.O. Box Number	is Not Acceptable	<u>)</u>						
	LM BCH, FL=83407										
				City	y 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, lyped or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when renstating)  DATE											
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
					DEC TO POES						
10.	OFFICERS AND	<del></del> -	11.		ADDITIONS/C	IANGES TO OFFI	CERS AND D	RECTORS	S IN 11		
TITLE	СТО	DIRECTORS Delete	ппь		ADDITIONS/C			IRECTORS	S IN 11		
TITLE MAME	CTD COLLINS, BERTRAM F	<del></del> -	TITLE	C1	ADDITIONS/CI	RTRAM F.					
TITLE	СТО	<del></del> -	TITLE NAMI STRE	E CC	ADDITIONS/C	RTRAM F. V West					
TITLE MAME STREET ADDRESS	CTD COLLINS, BERTRAM F 111 FIARVIEW WEST	<del></del> -	TITLE NAMI STRE	ET ADDRESS 111 ST-ZIP TE	ADDITIONS/CI TD DLLINS, BE 1 FAIRVIEV EQUESTA, F	RTRAM F. V WEST L 33469	<b>X</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	CTD COLLINS, BERTRAM F 111 FIARVIEW WEST JUPITER, FL 33469 SVD COLLINS, JOAN B.	☐ Delete	TITLE NAME STREE	ET ADDRESS 111 ST-ZP TE	ADDITIONS/CIFD OLLINS, BE 1 FAIRVIEV EQUESTA, F	RTRAM F. V WEST L 33469	<b>X</b>	Change	☐ Addition		
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TITLE  MAME  STREET ADORESS  CITY-ST-ZIP  TITLE  MAME  STREET ADORESS  CITY-ST-ZIP  TITLE  MAME  STREET ADORESS	CTD COLLINS, BERTRAM F 111 FIARVIEW WEST JUPITER, FL 33469 SVD COLLINS, JOAN B. 111 FAIRVIEW WEST JUPITER, FL 33469 PD GERHARDT, MARJORIE R. 4745 NOLINA LANE	□ Delete	TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE STREE STREE STREE	ET ADDRESS  11 ST-ZIP  E CC ET ADDRESS  11 ST-ZIP  TE  ST-ZIP  F GI ET ADDRESS  47	ADDITIONS/CITO DELLINS, BE 1 FAIRVIEV EQUESTA, F O DELLINS, JO 11 FAIRVIE EQUESTA, F O ERHARDT, IV 145 NOLINA	RTRAM F. V WEST L 33469 AN B. W WEST FL 33469 MARJORIE	ž: R.	Change Change	Addition		
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TITLE  MAME  STREET ADORESS  CITY-ST-ZIP  TITLE  MAME  STREET ADORESS	CTD COLLINS, BERTRAM F 111 FIARVIEW WEST JUPITER, FL 33469 SVD COLLINS, JOAN B. 111 FAIRVIEW WEST JUPITER, FL 33469 PD GERHARDT, MARJORIE R. 4745 NOLINA LANE	☐ Delete ☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE STREE	ET ADDRESS	ADDITIONS/CITO DELLINS, BE 1 FAIRVIEV EQUESTA, F O DELLINS, JO 11 FAIRVIE EQUESTA, F O ERHARDT, IV 145 NOLINA	RTRAM F. V WEST L 33469 AN B. W WEST FL 33469 MARJORIE	R. 33436	Change Change Change	Addition Addition Addition		
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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 attaichment with an address, with all other like empowered.

SIGNATURE: Button F. Collins	BERTRAM F. COLLINS	JANUARY 17, 2	006 561-689-8222
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFF	ICER OR DIRECTOR	Date	Deytime Phone #