


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 521773</b> 1. Entity Name UCAC, INC.	
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Principal Place of Business 5737 CORPORATE WAY WEST PALM BCH, FL 33407-2097 US	Mailing Address BERTRAM F. COLLINS PO BOX 10631 RIVIERA BEACH, FL 33419 US
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**DO NOT WRITE IN THIS SPACE**



01312008 No Chg-P CR2E034 (11/05)

4. FEI Number 04-2058330	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  COLLINS, BERTRAM F. 5737 CORPORATE WAY WEST PALM BCH, FL 33407	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<p>U00000838424 03/05/08-80029-019 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTD COLLINS, BERTRAM F 111 FIARVIEW WEST TEQUESTA, FL 33469	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD COLLINS, JOAN B. 111 FAIRVIEW WEST TEQUESTA, FL 33469	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GERHARDT, MARJORIE R. 4745 NOLINA LANE BOYNTON BEACH, FL 33436	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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:** Bertram F. Collins **BERTRAM F. COLLINS, JR** 02-20-08 561-689-8222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #