

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90015 001 ***150.00

DOCUMENT # 696473

1. Entity Name
UNIVERSITY HILLS, INC.



Principal Place of Business

C/O MR. JOSE GONZALEZ
1586 ANTOINETTE CT
OVIEDO, FL 32765

Mailing Address

C/O MR. JOSE GONZALEZ
1586 ANTOINETTE CT
OVIEDO, FL 32765

40026900

; = = = = = P)

01102007 No Chg-P CR 2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

ADELA A. GONZALEZ
1586 ANTOINETTE COURT
OVIEDO, FL 32765

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agents signature required when re-instating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTSD
NAME	GONZALEZ, ADELA A
STREET ADDRESS	1586 ANTOINETTE CT
CITY ST ZIP	OVIEDO, FL 32765
TITLE	VPD
NAME	GONZALEZ, JOSE A
STREET ADDRESS	9920 DEAN COVE LANE
CITY ST ZIP	ORLANDO, FL
TITLE	VP
NAME	GONZALEZ, JOSE
STREET ADDRESS	1586 ANTOINETTE CT.
CITY ST ZIP	OVIEDO, FL 32765
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 employees.

SIGNATURE: *Adela A. Gonzalez*
Adela A. Gonzalez

Feb. 21, 2007

Date

(407) 359-9576

Daytime Phone #