

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 834349

FILED
Apr 25, 2006
Secretary of State

Entity Name: UNITED TUBE CORPORATION

Current Principal Place of Business:

1143-C COURT ST.
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

1143-C COURT ST.
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 34-0651344 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: D () Delete
Name: MCKNIGHT, F. R
Address: 1800 SOCIETY BLDG., E. 9TH & SUPERIOR
City-St-Zip: CLEVELAND, OH

Title: VD () Delete
Name: STRACHAN, NORMAN C.
Address: 2680 CLUBHOUSE DR S
City-St-Zip: CLEARWATER, FL 0,

Title: TD () Delete
Name: CHAPLAIN, ANGIE,
Address: 2370 SHADE TREE LN.
City-St-Zip: CLEARWATER, FL

Title: PD () Delete
Name: WATTLES, G W 111,
Address: 112 WINDWARD ISLAND
City-St-Zip: CLEARWATER, FL 0,

Title: VD () Delete
Name: SMITH, NORMAN N,
Address: 2514 RICHMAR LN
City-St-Zip: BRANDON, FL 0,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: WATTLES, VIRGINIA S
Address: 112 WINDWARD ISLAND
City-St-Zip: CLEARWATER, FL 33767

Title: TD (X) Change () Addition
Name: CHAPLAIN, ANGELINA D
Address: 2370 SHADE TREE LN.
City-St-Zip: CLEARWATER, FL 33756

Title: PD (X) Change () Addition
Name: WATTLES III, G W
Address: 112 WINDWARD ISLAND
City-St-Zip: CLEARWATER, FL 33767

Title: VD (X) Change () Addition
Name: SMITH, NORMAN N
Address: 2514 RICHMAR LN
City-St-Zip: BRANDON, FL 33511

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: ANGELINA D CHAPLAIN

TD

04/25/2006

Electronic Signature of Signing Officer or Director

_____ Date