

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006275

FILED
Apr 17, 2009
Secretary of State

Entity Name: UNIFORMS MANUFACTURING INC.

Current Principal Place of Business:

7575 E. REDFIELD
SUITE 131
SCOTTSDALE, AZ 85260

New Principal Place of Business:

Current Mailing Address:

PO BOX 12716
SCOTTSDALE, AZ 85267

New Mailing Address:

FEI Number: 38-2198994

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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: CEO () Delete
Name: TUCKER, LAWRENCE
Address: 7575 E. REDFIELD, SUITE 131
City-St-Zip: SCOTTSDALE, AZ 85260

Title: P () Delete
Name: TUCKER, AARON
Address: 7575 E. REDFIELD, SUITE 131
City-St-Zip: SCOTTSDALE, AZ 85260

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: TUCKER, LINDA
Address: 7575 E. REDFIELD, SUITE 131
City-St-Zip: SCOTTSDALE, AZ 85260

I hereby certify that the information supplied with this filing does not qualify 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: LAWRENCE TUCKER

CEO

04/17/2009

Electronic Signature of Signing Officer or Director

Date