## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Mar 14, 2006 08:00 AM DOCUMENT # F02000002374 **Secretary of State** 1. Entity Name UVE ENTERPRISE, INC. Principal Piece of Business Mailing Address **520 CALIFORNIA BLVD** 136 WIKIUP DRIVE SUITE 6 NAPA, CA 94559 SUITE D SANTA ROSA, CA 95403 03012006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 68-0251430 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent LANO, CHRIS DO NOT WRITE 1003 CLINT MOORE ROAD BOCA RATON, FL 33487 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 Agent algusture required when relictating) UNIUMUM487546 03/23/06-80054-025-150.00 9. Election Campaign Financing \$5.00 May 8. FILE NOWN: FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DPS TTLE LARKY, BRIAN HAME STREET ADDRESS 1616 BUHMAN AVENUE CITY-ST-ZIP NAPA, CA 94558 THE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-57-21P IN THIS SPACE IIILE 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 it made under oath, that I am an officer or director of the corporation or the receiver or mustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with apractices, with all other five expowered.)

**FILED** 

EIGNATURE AND TYPED DR. PRINTED HAME OF BOOKING OFFICER OR DIRECTOR MAR 0 6 2006