2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005670

Entity Name: ULTRA STORES, INC.

FILED Jan 07, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 122 S. MICHIGAN AVENUE, SUITE 800 CHICAGO, IL 60603 **Current Mailing Address: New Mailing Address:** 122 S. MICHIGAN AVENUE, SUITE 800 CHICAGO, IL 60603 FEI Number: 04-3711449 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEXISNEXIS DOCUMENT SOLUTIONS 1201 HAYS STREET TALLAHASSEE, FL 32301 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition Name: MARKS, DANIEL H Name: 122 S. MICHIGAN AVENUE, SUITE 800 Address: Address: City-St-Zip: CHICAGO, IL 60603 City-St-Zip: Title: STD Title: () Delete () Change () Addition Name: DONAGHY, JOSEPH Name: 122 S. MICHIGAN AVENUE, SUITE 800 Address: Address: City-St-Zip: CHICAGO, IL 60603 City-St-Zip: Title: () Delete Title: () Change () Addition HAGERTY, WILLIAM Name: Name: 122 S. MICHIGAN AVENUE, SUITE 800 Address: Address: City-St-Zip: CHICAGO, IL 60603 City-St-Zip: Title: () Delete Title: () Change () Addition HANDLER, THOMAS J Name: Name: Address: 122 S. MICHIGAN AVENUE, SUITE 800 Address: City-St-Zip: CHICAGO, IL 60603 City-St-Zip: Title: Title: () Delete () Change () Addition NEWMARK, GREGG Name: Name: 122 S. MICHIGAN AVENUE. SUITE 800 Address: Address: City-St-Zip: CHICAGO, IL 60603 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WEIL, LAURA A Name: 122 S. MICHIGAN AVENUE, SUITE 800 Address: Address: City-St-Zip: City-St-Zip: CHICAGO, IL 60603

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.

Flacture Circulation of Circulation Officer	Di t	D-1-
SIGNATURE: DAVID BAHR	MGR	01/07/2006