2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F06000002529

1. Entity Name

UNIVERSAL FREIGHT FORWARDERS, LTD INCORPORATED

Principal Place of Business

18290 ANDOVER PARK WEST STE A TUKWILA, WA 98188 Mailing Address

18290 ANDOVER PARK WEST STE A TUKWILA, WA 98188 FILED Jan 25, 2007 08:00 AN Secretary of State



01042007

No Chg-P

CR2E034 (11/05)

4. FEI Number 91-1002123 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additions Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. 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 signature required when roinstating) 9. Election Campaign Financing \$5.00 May Be 01/29/07-80017-006 158.75 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. TITLE PETERSON, OLE SCHACK MARKE STREET ADDRESS SE-182 85 DANDERYD CITY-ST-ZIP SWEDEN, DT HARRIS, I NAME 12820 NE 185TH COURT STREET ADDRESS BOTHELL, WA 98011 CETY-ST-ZEP BTIE NAME DARLEY, MARK DO NOT WRITE STREET ADDRESS 40382 VIA SIENNA CITY-ST-ZIP MURIETTA, CA 925623508 IN THIS SPACE DILE JENSEN, HANS C NAME STREET ADDRESS 3394 SW 195TH TERRACE MIRAMAR, FL 330293508 CITY-ST-782 समह TYLEN, GEORGE E NAME STREET ADDRESS 4501 70TH AVE CT WEST CITY-ST-ZIP TACOMA, WA 984663508

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 empowered.

SIGNATURE

TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9x1. Director

1/19/07 Servine Phone