


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90111 044 ***158.75

DOCUMENT # F07000002955	
1. Entity Name UNDERGROUND TECHNOLOGIES OF TENNESSEE, INC.	

Principal Place of Business 2722 LOUISVILLE ROAD MARYVILLE, TN 37801	Mailing Address 2722 LOUISVILLE ROAD MARYVILLE, TN 37801
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2. Principal Place of Business - No P.O. Box # 2722 Louisville Rd	3. Mailing Address PO Box 4009
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Maryville TN	City & State Maryville TN
Zip 37801	Zip 37802
Country Blount	Country Blount



01082008 Chg-P CR2E034 (12/06)

4. FEI Number 10-3628835		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		
FL Zip Code		

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME GALLAGHER, MICHAEL		NAME	
STREET ADDRESS 2722 LOUISVILLE RD		STREET ADDRESS	
CITY-ST-ZIP MARYVILLE, TN 37801		CITY-ST-ZIP	
TITLE O	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME DAILEY, DOUGLAS OWNER		NAME	
STREET ADDRESS 2722 LOUISVILLE RD		STREET ADDRESS	
CITY-ST-ZIP MARYVILLE, TN 37801		CITY-ST-ZIP	
TITLE O	<input checked="" type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME NYERS, KENNY CEO		NAME	
STREET ADDRESS 8911 DOVER CLIFF LANE		STREET ADDRESS	
CITY-ST-ZIP KNOXVILLE, TN 37922		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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: Douglas Dailey **Douglas Dailey** 1-11-08 805-238-9030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #