## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H66274

City-St-Zip:

MIAMI BEACH, FL 33140 US

Entity Name: UTC INDUSTRIES INC

FILED Jan 07, 2006 Secretary of State

Entity Na	me: UTCIND	USTRIES, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
P.O. BOX MIAMI, FL					
Current Mailing Address:			New Mailing Address:		
P.O. BOX MIAMI, FL					
FEI Number	: 59-2562035	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	STUART P 202 TERRACE 33179 US	<u> </u>			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electror	nic Signature of Registered Age	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P ( UFFNER, STUA 1050 N.E. 202 MIAMI, FL 331	TERRACE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( UFFNER, JUDI 5660 COLLINS MIAMI BEACH,	AVENUE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	DIR ( ) UFFNER, JERO		Title: Name: Address:	( ) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: JEROME H. UFFNER DIRE 01/07/2006