

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J16805

FILED
Jun 28, 2005
Secretary of State

Entity Name: UNIVERSAL DATA CONSULTANTS, INC.

Current Principal Place of Business:

4690 SW 78 AVE
DAVIE, FL 33328 US

New Principal Place of Business:

Current Mailing Address:

4690 SW 78 AVE
DAVIE, FL 33328 US

New Mailing Address:

FEI Number: 59-2684189 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINCOLN, JUDY
1200 MANDARIN ISLE
FORT LAUDERDALE, FL 33315 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: LINCOLN, JUDITH ANNE,
Address: 1200 MANDARIN ISLE
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: VST () Delete
Name: LINCOLN, DENNIS P.,
Address: 1200 MANDARIN ISLE
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: D () Delete
Name: LINCOLN, DENNIS P.,
Address: 707 S.W. 18 ST.
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: D () Delete
Name: LINCOLN-MCDANIEL, PAMELA
Address: 17301 SW 35 STREET
City-St-Zip: MIRAMAR, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: JUDITH LINCOLN

PD

06/28/2005

Electronic Signature of Signing Officer or Director

_____ Date