


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # L22224	
1. Entity Name UNIVERSAL ENTERTAINMENT & SKATING CENTER, INC.	

Principal Place of Business 866 SOUTH GOLDENROD ROAD ORLANDO, FL 32822 US	Mailing Address 866 SOUTH GOLDENROD ROAD ORLANDO, FL 32822 US
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DO NOT WRITE IN THIS SPACE



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2974408	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHMER, PAMELA 866 SOUTH GOLDENROD ROAD ORLANDO, FL 32822

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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 <i>Pamela Schmeer</i>	<i>Tom Reeves</i> 4/24/06
<small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when re-registering) DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000534763 05/08/06-80024-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV REEVES, TOM 1530 CASA RIO DRIVE ORLANDO, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <i>Tom Reeves</i>	<i>4/24/06 (407) 282-9306</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone</small>