## **2007 FOR PROFIT CORPORATION**

## FILED **ANNUAL REPORT** Feb 28, 2007 08:00 AM DOCUMENT # L88254 **Secretary of State** AMERICAN UNIVERSAL DEVELOPMENT, INC. Principal Place of Business Mailing Address 8842 ELLIOT'S CT 8842 ELLIOT'S CT ORLANDO, FL 32836 ORLANDO, FL 32836 US CR2E034 (11/05) No Chg-P 02262007 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0217957 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent OSWALD, KENNETH F DO NOT WRITE SUITE 110 600 COURTLAND STREET IN THIS SPACE ORLANDO, FL 32804 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 U00000651083 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 03/08/07-80039-006 OFFICERS AND DIRECTORS 10. PSTD TITLE KAPLUS, ROBERT A NAME STREET ADDRESS 8842 ELLIOT'S CT ORLANDO, FL 32836 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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: .

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

Z-26-07

Daytime Phone #