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2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 18, 2008 08:00 AN DOCUMENT # M32557 **Secretary of State** 1. Entity Name ULGM, INC. Principal Place of Business Mailing Address C/O T. WILLARD FAIR C/O T. WILLARD FAIR 8500 N.W. 25 AVE. 8500 N.W. 25 AVE. MIAMI, FL 33147 MIAMI, FL 33147 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 02042008 Chg-P CR2E034 (12/06) City & State 4. FEI Number City & State Applied For 65-0205606 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FAIR, T. WILLARD Street Address (P.O. Box Number is Not Acceptable) 8500 N.W. 25 AVE. MIAMI, FL 33147 City Zip Code Fl 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. 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 NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Detete TITLE ☐ Change ☐ Addition TITLE FAIR, T. WILLARD NAME STREET ADDRESS 8500 N.W. 25 AVE. STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE U00000831927 MAXWELL, MICHAEL NAME. NAME 02/27/08-80038-009 158.75 STREET ADDRESS STREET ADDRESS 8500 NW 25 AVE CITY-ST-ZIP MIAMI, FL 33147 CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE WILLIAMS, BRENDA NAME NAME 8500 NW 25TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33147 ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Defete 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 path; that I am an officer or director of the corporation or trial 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:

wellton

DS/106/10/ 309/696-4450

FILED