2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007307

TOTTEN, MIKE

3263 W. 29TH AVE.

DENVER, CO 80211

Name:

Address:

City-St-Zip:

Entity Name: UNIVERSAL UNIVERSITY INC.

FILED Mar 05, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 204 37TH AVE. N. #129 ST. PETERSBURG, FL 33704 **New Mailing Address: Current Mailing Address:** 204 37TH AVE. N. #129 ST. PETERSBURG, FL 33704 FEI Number: 32-0090401 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SEYMOUR, PATRICIA N 204 37TH AVE. N. #129 ST. PETERSBURG, FL 33704 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BARRIER, OLLIE O III Name: Name: Address: PO BOX 1441 Address: City-St-Zip: SINTON, TX 78387 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SEYMOUR, PATRICIA N Name: Address: 204 37TH AVE. N. #129 Address: City-St-Zip: ST. PETERSBURG, FL 33704 City-St-Zip: Title: () Delete Title: () Change () Addition

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: OLLIE O. BARRIER, III P 03/05/2004