2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007
Secretary of State

DOCUMENT# N04000000533

Entity Name: UNIVERSITY CULTURAL CENTER INC.

Current Principal Place of Business:

2018 ROUSE ROAD
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

PO BOX 677697
ORLANDO, FL 328677697

New Mailing Address:

FEI Number: 20-0607327 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ODEH, KHALED
10239 CYPRESS TRAIL DR.
ORLANDO, FL 32825 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RIAD, ASHRAF
Address: 908 HORSESHOE FALLS DR
City-St-Zip: ORLANDO, FL 32828

Title: D ( ) Delete
Name: GHONAIM, MOHAMED
Address: 9566 BRACKIN STREET
City-St-Zip: ORLANDO, FL 32828

Title: D ( ) Delete
Name: ODEH, KHALED
Address: 10239 CYPRESS TRAIL DR
City-St-Zip: ORLANDO, FL 32825

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: KHALED ODEH D 04/16/2007

Electronic Signature of Signing Officer or Director — Date