

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90353 035 \*\*\*\*61.25

DOCUMENT # N04000002081			
1. Entity Name TKE ADVISOR BOARD OF UCF INC.			
Principal Place of Business <del>TOM WALTERS</del> 760 LONG LAKE DR. OVIEDO, FL 32765		Mailing Address <del>TOM WALTERS</del> 760 LONG LAKE DR. OVIEDO, FL 32765	
2. Principal Place of Business 600 Long Lake Dr Suite, Apt. #, etc		3. Mailing Address 600 Long Lake Dr Suite, Apt. #, etc	
City & State Oviedo FL		City & State Oviedo FL	
Zip 32765 Country Seminole		Zip 32765 Country Seminole	
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <del>WALTERS, TOM</del> 760 LONG LAKE DR. OVIEDO, FL 32765		7. Name and Address of New Registered Agent Name: James Balaschak Street Address (P.O. Box Number is Not Acceptable): 600 Long Lake Dr City: Oviedo FL Zip Code: 32765	
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>James G. Balaschak</i>		James G. Balaschak 4/24/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: VP	NAME: TOM, WALTERS	TITLE: SEC	NAME: MICHAEL VAN NIEUWENHOVEN
STREET ADDRESS: 760 LONG LAKE DR.	CITY- ST- ZIP: OVIEDO, FL 32765	STREET ADDRESS: 1605 WOODCREST DR #1	CITY- ST- ZIP: DAYTONA BEACH, FL 32119
TITLE: P	NAME: ARNOLD, SHERMAN	TITLE:	NAME:
STREET ADDRESS: 477 WILD OAK CIR	CITY- ST- ZIP: LONGWOOD, FL 32779	STREET ADDRESS:	CITY- ST- ZIP:
TITLE: SEC	NAME: SHERMAN, AARON	TITLE:	NAME:
STREET ADDRESS: 3925 SHAWN CIRCLE	CITY- ST- ZIP: ORLANDO, FL 32826	STREET ADDRESS:	CITY- ST- ZIP:
TITLE: T	NAME: BALASCHAK, JAMES	TITLE:	NAME:
STREET ADDRESS: 600 LONG LAKE DR	CITY- ST- ZIP: OVIEDO, FL 32765	STREET ADDRESS:	CITY- ST- ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY- ST- ZIP:	STREET ADDRESS:	CITY- ST- ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY- ST- ZIP:	STREET ADDRESS:	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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>James G. Balaschak</i>		James G. Balaschak 4/24/06 407-359 1028	