
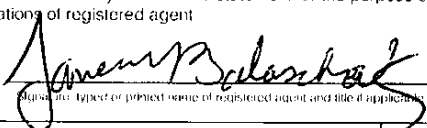
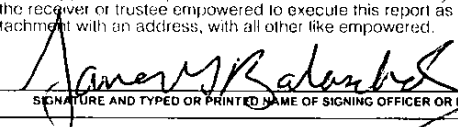


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 TOM WALTERS 760 LONG LAKE DR. OVIEDO, FL 32765			Mailing Address TOM WALTERS 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		4. FEI Number NOT APPLICABLE	
Zip 32765		Country Semirole		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALTERS, TOM 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:  James G. Balaschak 4/24/06 <small>(Signature of registered agent and title if applicable) (NOT: Registered Agent signature required when reinstating) DATE</small>					
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		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TOM, WALTERS 760 LONG LAKE DR. OVIEDO, FL 32765 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MICHAEL VAN NIEUWENHOVEN 1605 WOODCREST DR #1 DAYTONA BEACH, FL 32119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARNOLD, SHERMAN 477 WILD OAK CIR LONGWOOD, FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SHERMAN, AARON 3925 SHAWN CIRCLE ORLANDO, FL 32826 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BALASCHAK, JAMES 600 LONG LAKE DR OVIEDO, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  James G. Balaschak 4/24/06 407-359 1028 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #</small>					