

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90412 009 ****61.25

DOCUMENT # N04000002081
 1. Entity Name
 TKE ADVISOR BOARD OF UCF INC.



Principal Place of Business
 600 LONG LAKE DR.
 OVIEDO, FL 32765

Mailing Address
 600 LONG LAKE DR.
 OVIEDO, FL 32765

4000



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04262007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

JAMES BALASCHAK
 600 LONG LAKE DR
 OVEIDO, FL 32765

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	SEC	<input checked="" type="checkbox"/> Delete
NAME	VANNIEDWENHOVEN, MICHAEL	
STREET ADDRESS	1608 WOODCREST DR #1	
CITY-ST-ZIP	DAYTONA BEACH, FL 32119	
TITLE	P	<input type="checkbox"/> Delete
NAME	ARNOLD, SHERMAN	
STREET ADDRESS	477 WILD OAK CIR	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	T	<input type="checkbox"/> Delete
NAME	BALASCHAK, JAMES	
STREET ADDRESS	600 LONG LAKE DR	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sec Sherman, Aaron	
STREET ADDRESS	3925 Shawn Dr	
CITY-ST-ZIP	Orlando FL 32826	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Name is backwards Sherman, Arnold	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: James A. Balaschak 4/25/07 407 359 1008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #