

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007914

FILED
Mar 06, 2006
Secretary of State

Entity Name: THE ULTIMATE FINANCE FOUNDATION INC.

Current Principal Place of Business:

1143 S. COOPER DR.
DELTONA, FL 32725

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5654
DELTONA, FL 32728

New Mailing Address:

FEI Number: 11-3724574

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLOVER, NAOMI
1143 S. COOPER DR.
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

GLOVER, KENNETH
1143 S. COOPER DR.
DELTONA, FL 32725 US

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: KENNETH GLOVER

03/06/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GLOVER, NAOMI
Address: 1143 S. COOPER DR.
City-St-Zip: DELTONA, FL 32725 VO

Title: VP () Delete
Name: PETTIFORD, DANIELLE S
Address: 7244 BALBOA DR.
City-St-Zip: ORLANDO, FL 32818

Title: SEC () Delete
Name: GLOVER, KENNETH E SR
Address: 1143 S. COOPER
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GLOVER, DANIELLE
Address: 1143 S. COOPER DR.
City-St-Zip: DELTONA, FL 32725 VO

Title: VP (X) Change () Addition
Name: GLOVER, KENNETH
Address: 1143 S. COOPER DR.
City-St-Zip: DELTONA, FL 32725 VO

Title: SEC (X) Change () Addition
Name: GLOVER, NAOMI
Address: 341 DIAMOND ST. APT. A
City-St-Zip: DELTONA, FL 32725 VO

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: DANIELLE GLOVER

P

03/06/2006

Electronic Signature of Signing Officer or Director

Date