

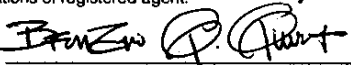



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90158 001 \*\*\*\*70.00

<b>DOCUMENT # N04000008784</b> 1. Entity Name <b>UPANGS, INC.</b>					
Principal Place of Business <b>5842 AVONDALE RD. PENSACOLA, FL 32526</b>				Mailing Address <b>5842 AVONDALE RD. PENSACOLA, FL 32526</b>	
2. Principal Place of Business <b>5842 AVONDALE RD</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>5842 AVONDALE RD</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>PENSACOLA, FL</b>		City & State <b>PENSACOLA, FL</b>		4. FEI Number <b>34-2001037</b>	
Zip <b>32526</b> Country <b>US</b>		Zip <b>32526</b> Country <b>US</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>QUINTO, BENIGNO Q 5842 AVONDALE RD. PENSACOLA, FL 32526</b>				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  <b>BENIGNO Q. QUINTO</b> <span style="float: right;">4/4/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>FERNANDEZ, ILDEFONZO C</b> <b>5842 AVONDALE RD.</b> <b>PENSACOLA, FL 32526</b> <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	V <b>QUINTO, BENIGNO Q</b> <b>553 LONG LAKE DR.</b> <b>PENSACOLA, FL 32506</b> <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	S <b>DELA ROSA, JOSEPHINE T</b> <b>7535 SANDYCREEK DR.</b> <b>PENSACOLA, FL 32506</b> <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	J <b>MADOLID, JAMES P</b> <b>1005 JAMIE DR.</b> <b>PENSACOLA, FL 32506</b> <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	D <b>PEREZ, ARTHUR T SR.</b> <b>627 BARDSTOWN ST.</b> <b>CANTONMENT, FL 32533</b> <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 exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b>  <b>ILDEFONZO C FERNANDEZ</b> <span style="float: right;">4/4/05 850-455-2636</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					