

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000664

FILED
Sep 06, 2006
Secretary of State

Entity Name: UNIVERSAL CONNECTION, INC.

Current Principal Place of Business:

39 PINE TREE LANE
QUINCY, FL 32351

New Principal Place of Business:

Current Mailing Address:

39 PINE TREE LANE
QUINCY, FL 32351

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

ALLEN, CAROLYN E PD
39 PINE TREE LANE
QUINCY, FLORIDA, FL 32351 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: CAROLYN E. ALLEN

09/06/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALLEN, CAROLYN
Address: 39 PINE TREE LANE
City-St-Zip: QUINCY, FL 32351

Title: VD () Delete
Name: ALLEN, ASHLEY
Address: 39 PINE TREE LANE
City-St-Zip: QUINCY, FL 32351

Title: T () Delete
Name: ALLEN, SHANNON
Address: 39 PINE TREE LANE
City-St-Zip: QUINCY, FL 32351

Title: S () Delete
Name: SANDERS, SYLVIA
Address: 39 PINE TREE LANE
City-St-Zip: QUINCY, FL 32351

Title: D () Delete
Name: KIMBLE, JOANN
Address: 39 PINE TREE LANE
City-St-Zip: QUINCY, FL 32351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALLEN, CAROLYN E
Address: 39 PINE TREE LANE
City-St-Zip: QUINCY, FL 32351

Title: VD (X) Change () Addition
Name: ALLEN, ASHLEY
Address: 815 PAT THOMAS PARKWAY
City-St-Zip: QUINCY, FL 32351

Title: T (X) Change () Addition
Name: ALLEN, SHANNON
Address: 815 PAT THOMAS PARKWAY
City-St-Zip: QUINCY, FL 32351

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CAROLYN E. ALLEN

PD

09/06/2006

Electronic Signature of Signing Officer or Director

Date