

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000079801

FILED
Apr 26, 2009
Secretary of State

Entity Name: ULTIMATE BUSINESS SOLUTIONS, INC.

Current Principal Place of Business:

12717 W. SUNRISE BLVD. #253
SUNRISE, FL 33323

New Principal Place of Business:

610 CRANES WAY
204
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

12717 W. SUNRISE BLVD. #253
SUNRISE, FL 33323

New Mailing Address:

610 CRANES WAY
204
ALTAMONTE SPRINGS, FL 32701

FEI Number: 31-1748744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATKO, EUGENE
12717 W. SUNRISE BLVD. #253
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

KATKO, EUGENE
610 CRANES WAY
204
ALTAMONTE SPRINGS, FL 32701 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:

04/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KATKO, EUGENE
Address: 12717 W. SUNRISE BLVD. #253
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KATKO, EUGENE
Address: 610 CRANES WAY # 204
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EUGENE KATKO

D

04/26/2009

Electronic Signature of Signing Officer or Director

Date