

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000083625

Entity Name: UVO'S INSURANCE, INC.

FILED
Mar 22, 2006
Secretary of State

Current Principal Place of Business:

7101 W. COMMERCIAL BLVD., SUITE 4C
TAMARAC, FL 33319

New Principal Place of Business:

Current Mailing Address:

7101 W. COMMERCIAL BLVD., SUITE 4C
TAMARAC, FL 33319

New Mailing Address:

FEI Number: 65-1043320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

UVO, WILSON
7101 W. COMMERCIAL BLVD., SUITE 4C
TAMARAC, FL 33319 US

Name and Address of New Registered Agent:

OLOGBORIDE, UVO
7101 W. COMMERCIAL BLVD., SUITE 4C
TAMARAC, FL 33319 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: UVO OLOGBORIDE

03/22/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PA () Delete
Name: LUO, WILSON A
Address: 7101 W COMMERCIAL BLVD STE 4C
City-St-Zip: TAMARAC, FL 33319

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
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City-St-Zip:

Title: () Delete
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Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: BROWN, ANDREA
Address: 7101 W COMMERCIAL BLVD STE 4C
City-St-Zip: TAMARAC, FL 33319

Title: DIR () Change (X) Addition
Name: UVO-ACCIME, ALEXANDRIA
Address: 7101 W.COMMERCIAL BLVD.#4C
City-St-Zip: TAMARAC, FL 33319

Title: DIR () Change (X) Addition
Name: OLOGBORIDE, UVO
Address: 7101 W.COMMERCIAL BLVD.#4C
City-St-Zip: TAMARAC, FL 33319

Title: DIR () Change (X) Addition
Name: UVO, MARION E
Address: 7101 W.COMMERCIAL BLVD.#4C
City-St-Zip: TAMARAC, FL 33319

Title: DIR () Change (X) Addition
Name: NGEZELONYE, MARY N
Address: 7101 W.COMMERCIAL BLVD.#4C
City-St-Zip: TAMARAC, FL 33319

Title: OWNER () Change (X) Addition
Name: ALL EMPLOYEES,
Address: 7101 W.COMMERCIAL BLVD.#4C
City-St-Zip: TAMARAC, FL 33319

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: UVO OLOGBORIDE

DIR

03/22/2006

Electronic Signature of Signing Officer or Director

Date