2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State
04-13-2006 90275 044 ***150.00

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1. Entity Name
ULTIMATE NDT INC.

0004/997

04092006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
18706 SW 108 AVE MIAMI, FL 33157	6703 NW 190 ST MIAMI, FL 33015

2. Principal Place of Business		3. Mailing Address	
		P. O. Box 173151	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Hialeah FL	
Zip	Country	Zip: 33017	Country: USA

4. FEI Number: 65-1047141 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, DAVE M
6703 NW 190 ST
MIAMI, FL 33015

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DVP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GRIGSBY, CARLOS E		NAME	
STREET ADDRESS	13030 SW 257 TERR		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33032		CITY-ST-ZIP	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, DAVE M		NAME	
STREET ADDRESS	6703 NW 190 ST		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33015		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dave M. Williams 4-10-06 305 3439516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #