


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2007 8:00 am
Secretary of State

05-31-2007 90002 001 ***150.00

DOCUMENT # P00000113434	
1. Entity Name ULUGBEK, INC.	

Principal Place of Business 25 OLD KINGS ROAD NORTH, SUITE 8C PALM COAST, FL 32137	Mailing Address 25 OLD KINGS ROAD NORTH, SUITE 8C PALM COAST, FL 32137
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40119200



2. Principal Place of Business - No P.O. Box # 1802 Deer Springs Rd.	3. Mailing Address 1802 Deer Springs Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05042007 Chg-P CR2E034 (12/06)

City & State Port Orange FL	City & State Port Orange FL
Zip 32129	Country Volusia
Zip 32129	Country Volusia

4. FEI Number 59-3716935	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
ARIFKHANOV, KHASAN 1802 DEER SPRINGS ROAD PORT ORANGE, FL 33129	

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARIFKHANOV, KHASAN 1802 DEER SPRINGS ROAD PORT ORANGE, FL 32129 <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
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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: Khason 05-23-07 (386) 295-7781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #