## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000013736

Name:

Address:

City-St-Zip:

Entity Name: UNIVERSAL REHABERS INC.

FILED Feb 01, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1963 SOUVENIR DR 2898 66TH STREET N. CLEARWATER, FL 33755 SUITE #5 ST PETERSBURG, FL 33710 **Current Mailing Address: New Mailing Address:** P.O.BOX 5782 CLEARWATER, FL 33758 FEI Number: 59-3708971 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARRETT, MARTIN BARRETT, MARTIN P TRUSTEE 1963 SOUVENIR DR 2898 66TH STREET N. CLEARWATER, FL 33755 US SUITE #5 ST PETERSBURG, FL 33710 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: MARTIN P. BARRETT, TRUSTEE 02/01/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition BARRETT, MARTIN MULTIPLE PROPERTY SU, PPORT TRUST Name: Name: 1963 SOUVENIR DR. 5885 29TH AVE N Address: Address: ST PETERSBURG, FL 33713 City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: () Delete Title: ( ) Change (X) Addition Title: BARRETT, MARTIN P SEC Name: Name: 2898 66TH STREET N. SUITE # 5 Address: Address: ST PETERSBURG, FL 33710 City-St-Zip: City-St-Zip: Title: ( ) Change (X) Addition Title: () Delete SCHAEFER, BONNIE K OFFICER Name: Name: 2898 66TH STREET N SUITE # 5 Address Address: City-St-Zip: City-St-Zip: ST. PETERSBURG, FL 33710 Title: () Delete Title: DIR ( ) Change (X) Addition BARRETT, MARTIN P VP Name: Name: Address: Address: 2898 66TH STREET N SUITE # 5 City-St-Zip: City-St-Zip: ST PETERSBURG, FL 33710 Title: Title: ( ) Change (X) Addition ( ) Delete

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

BARRETT, DOUGLAS PHR

791 EAST RIDGE RD

CORNVILLE, ME 04976

SIGNATURE: MARTIN P. BARRETT SEC 02/01/2005