

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000020595

Entity Name: UKULELE, INC.

FILED  
May 01, 2006  
Secretary of State

**Current Principal Place of Business:**

38 OCEAN BOULEVARD  
ATLANTIC BEACH, FL 32233

**New Principal Place of Business:**

**Current Mailing Address:**

38 OCEAN BOULEVARD  
ATLANTIC BEACH, FL 32233

**New Mailing Address:**

FEI Number: 59-3701264

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHOFFNER, DOROTHY  
38 OCEAN BOULEVARD  
ATLANTIC BEACH, FL 32233 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SHOFFNER, DOROTHY  
Address: 1800 THE GREENS WAY  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SHOFFNER, DOROTHY  
Address: 901OCEAN B LVD. #43  
City-St-Zip: ATLANTIC BEACH,, FL 32233

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: DOROTHY SHOFFNER

OWNE

05/01/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date