## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Aug 22, 2005 8:00 am Secretary of State **DOCUMENT # P01000087377** 08-22-2005 90059 016 \*\*\*150.00 UNIVERSAL TIMEPIECES, INC. Principal Place of Business Mailing Address 3801 PGA BLVD 3801 PGA BLVD 20074202 SUITE 806 SUITE 806 PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 2. Principal Place of Business 1.1 3. Mailing Address 102 (ommerce koad Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 08172005 Cha-P 4. FEI Number Applied For beach 65-1137211 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Kennedu Dennis DESANCTIS, PETER V Street Address (P.O. Box Number is Not Acceptable) HIXSON, MARIN, DESANCTIS & CO. P.A. 3801 PGA BLVD SUITE 806 PALM BEACH GARDENS, FL 33410 Glenbrook 30b Drive 239462 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 8.17.05 . SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TIΠF ☐ Change ■ Addition NAME OWEN, JASON NAME STREET ADDRESS 3801 PGA BLVD SUITE 806 STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP VPS TITLE TITI F bennis Kennedy Dennis Kennedy Drive tresiden-Change ☐ Addition Delete KENNEDY, DENNIS NAME NAME Glenbrook STREET ADDRESS 3801 PGA BLVD SUITE 806 STREET ADORESS CITY-ST-7IP PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP Atlantis TITS E ☐ Change TITLE ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE ☐ Defete ΠΠΕ ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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. <u>8-17-05</u> SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #