2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

STREET ADDRESS

CITY-ST-7IP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY - \$T - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Jan 29, 2005 08:00 AM **Secretary of State DOCUMENT # P02000006685** UH DEVELOPMENT, INC. Mailing Address Principal Place of Business 1318 LAFFAYETTE ST. **728 VICTORIA DRIVE** CAPE CORAL, FL 33904 APT. #201 CAPE CORAL, FL 33904 01052005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 90-0009924 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HILL, THOMAS W 1318 LAFAYETTE ST. CAPE CORAL, FL 33904 IN THIS SPACE 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. (NOTE Registered Agent signature required when reinstating) DATE U00000203189 -01/29/05-80019-023 150.00 **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PTD TITLE MEYER, UWE G NAME 728 VICTORIA DRIVE STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33904 MEYER, HEIDEMERE NAME STREET ADDRESS 728 VICTORIA DRIVE CAPE CORAL, FL 33904 CITY-ST-ZIP TITLE NAME

FILED

DO NOT WRITE

IN THIS SPACE

I hereby certify that the information supplied with this filling 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.

SIGNATURE: _	How Max	Une Heyer	1-26-05	239-549-244
	SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daylime Phone #