

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000006990

FILED  
Jul 13, 2005  
Secretary of State

Entity Name: UNIVERSAL CARE CONCEPTS, INC.

## Current Principal Place of Business:

4651 ADDAX DR  
NEW PORT RICHEY, FL 34653

## New Principal Place of Business:

## Current Mailing Address:

4651 ADDAX DR  
NEW PORT RICHEY, FL 34653

## New Mailing Address:

FEI Number: 01-0572376

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SMITH, JEANNIE A  
4651 ADDAX DR  
NEW PORT RICHEY, FL 34653 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: V (X) Delete  
Name: PHILLIPS, KATHLEEN L  
Address: 5040 SOUTHSORE DR  
City-St-Zip: NPR, FL 34652

Title: V (X) Delete  
Name: PHILLIPS, RICHARD G  
Address: 5040 SOUTHSORE DR  
City-St-Zip: NPR, FL 34652

Title: CFO ( ) Delete  
Name: SMITH, JAMES E  
Address: 4651 ADDAX DR.  
City-St-Zip: NPR, FL 34653

Title: CEOP ( ) Delete  
Name: SMITH, JEANNIE A  
Address: 4651 ADDAX DR  
City-St-Zip: NPR, FL 34653

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: SMITH, JAMES E  
Address: 4651 ADDAX DR.  
City-St-Zip: NPR, FL 34653

Title: CEO (X) Change ( ) Addition  
Name: SMITH, JEANNIE A  
Address: 4651 ADDAX DR  
City-St-Zip: NPR, FL 34653

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.

SIGNATURE: JEANNIE A. SMITH

CEO

07/13/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date