


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90029 045 \*\*\*150.00

<b>DOCUMENT # P02000050145</b> 1. Entity Name <b>UNIVERSAL ENERGY, INC.</b>					
Principal Place of Business <b>303 MAGNOLIA AVE MERRITT ISLAND FL 32952</b>			Mailing Address <b>303 MAGNOLIA AVE MERRITT ISLAND FL 32952</b>		
2. Principal Place of Business <b>2050 Sweet Briar Lane</b> Suite, Apt. #, etc.		3. Mailing Address <b>2050 Sweet Briar Lane</b> Suite, Apt. #, etc.			
City & State <b>Jacksonville, Florida</b>		City & State <b>Jacksonville, Florida</b>		4. FEI Number <b>52-2371688</b>	
Zip <b>32217</b> Country <b>USA</b>		Zip <b>32217</b> Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FLIEDER, CLAIR E 303 MAGNOLIA AVE MERRITT ISLAND FL 32952</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>320 Island Beach Blvd.</b> City <b>MERRITT ISLAND</b> <b>FL</b> Zip Code <b>32952</b>	
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS FLIEDER, CLAIR 303 MAGNOLIA AVE MERRITT ISLAND FL 32952</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>320 Island Beach Blvd. Merritt Island, FL 32952</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V STANCHICH, LINO 101 WILLOW LAKE DRIVE ASHEVILLE NC 28805</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>Cecilia E. Fluder</i> <b>CLAIR E. FLIEDER</b> 1/24/06 <i>Pres.</i>					