2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 03, 2006 08:00 AM Secretary of State DOCUMENT # P02000063993 1. Entity Name UEC, INC. Principal Place of Business __ Mailing Address 10600 ORANGE AVE **POST OFFICE BOX 55** ORLANDO, FL 32824 ORLANDO, FL 32802-0055 01302006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0713193 Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent STRATES, E. JAY DO NOT WRITE 10600 ORANGE AVE ORLANDO, FL 32824 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. CATE Signature, typed or printed name of registered agent and title if applicable fNOTE: Registered Agent signature regulard when reinstating. U00000488235 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 04/14/06-80026-011 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DP TITLE STRATES, E. JAY NAME 10600 ORANGE AVE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32824 TITLE MAGID, SUSAN S NAME 10600 ORANGE AVE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32824 TITLE NAME DOREMUS, SIBYLS STREET ADDRESS 10600 ORANGE AVE DO NOT WRITE CITY-ST-ZIP ORLANDO, FL 32824 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as it 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

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

E. Jay Strates

407-855-3939