2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008
Secretary of State

DOCUMENT# P02000105811

Entity Name: ULTRARAD CORPORATION

Current Principal Place of Business:

301 PINEDGE DRIVE
WEST BERLIN, NJ 08091

New Principal Place of Business:

Current Mailing Address:

1560 GULF BLVD PH3
CLEARWATER, FL 33767

New Mailing Address:

FEI Number: 55-0799725 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOLIASH, THOMAS
1560 GULF BLVD PH3
CLEARWATER, FL 33767 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GOLIASH, TOM
Address: C/O 301 PINEDGE DRIVE
City-St-Zip: WEST BERLIN, NJ 33770

Title: PTD ( ) Delete
Name: MAHONEY, DAVID
Address: C/O 301 PINEDGE DRIVE
City-St-Zip: WEST BERLIN, NJ 33770

Title: V ( ) Delete
Name: BIS, JONATHON
Address: C/O 301 PINEDGE DRIVE
City-St-Zip: WEST BERLIN, NJ 33770

Title: VD ( ) Delete
Name: GIUNTA, WILLIAM J JR
Address: C/O 301 PINEDGE DRIVE
City-St-Zip: WEST BERLIN, NJ 33770

Title: S ( ) Delete
Name: MALONEY, MARYANN
Address: C/O 301 PINEDGE DRIVE
City-St-Zip: WEST BERLIN, NJ 33770

Title: D ( ) Delete
Name: WOLFE, GEORGE
Address: C/O 301 PINEDGE DRIVE
City-St-Zip: WEST BERLIN, NJ 33770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARYANN MALONEY S 02/13/2008

Electronic Signature of Signing Officer or Director — Date