

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000117602

FILED  
Feb 08, 2005  
Secretary of State

Entity Name: ULTIMATE ACCESS SOLUTIONS, INC.

## Current Principal Place of Business:

101 SE 6TH AVE.  
SUITE D  
DELRAY BEACH, FL 33483

## Current Mailing Address:

101 SE 6TH AVE.  
SUITE D  
DELRAY BEACH, FL 33483

## New Principal Place of Business:

101 SE 6TH AVE.  
SUITE C  
DELRAY BEACH, FL 33483

## New Mailing Address:

101 SE 6TH AVE.  
SUITE C  
DELRAY BEACH, FL 33483

FEI Number: 32-0040082

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ELLERSTEIN, DAVID  
101 SE 6TH AVE.  
SUITE D  
DELRAY BEACH, FL 33483 US

## Name and Address of New Registered Agent:

ELLERSTEIN, DAVID  
101 SE 6TH AVE.  
SUITE C  
DELRAY BEACH, FL 33483 US

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: DAVID ELLERSTEIN

02/08/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ELLERSTEIN, DAVID  
Address: 101 SE 6TH AVE., SUITE D  
City-St-Zip: DELRAY BEACH, FL 33483

Title: S (X) Delete  
Name: RUTHMAN, MAUREEN  
Address: 101 SE 6TH SUITE D  
City-St-Zip: DELRAY BEACH, FL 33483

Title: T (X) Delete  
Name: MELLER, KELLY  
Address: 101 SE 6TH AVE., SUITE D  
City-St-Zip: DELRAY BEACH, FL 33483

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ELLERSTEIN, DAVID  
Address: 101 SE 6TH AVE., SUITE C  
City-St-Zip: DELRAY BEACH, FL 33483

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 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: DAVID ELLERSTEIN

PD

02/08/2005

Electronic Signature of Signing Officer or Director

Date