2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 11, 2007 8:00 am Secretary of State DOCUMENT # P02000127262 04-11-2007 90026 028 ***150.00 ULBRICH VENTURES, INC. Principal Place of Business Mailing Address 9112 WOODRIDGE RUN DRIVE 9112 WOODRIDGE RUN DRIVE **TAMPA, FL 33647** TAMPA, FL 33647 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03182007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 43-1982997 Not Applicable Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ULBRICH, JEFFREY L Street Address (P.O. Box Number is Not Acceptable) 9112 WOODRIDGE RUN DRIVE TAMPA, FL 33647 City Zip Code 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 agen SIGNATURE. Signature, typed or crinter (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. po Presiden TITLE Delete ■ Addition √Z Change NAME ULBRICH, JEFFREY L NAME STREET ADDRESS 9112 WOODRIDGE RUN DRIVE STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33647** CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby 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 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 addeess, with all other like empowered. SIGNATURE: