2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2006 8:00 am
Secretary of State
03-09-2006 90153 038 ***158.75

DOCUMENT # P03000005198

1. Entity Name

ULLA'S PROPERTY CARE INC.

Principal Place of Business	Mailing Address
1434 SE 12TH TER CAPE CORAL FL 33990 US	1434 SE 12TH TER CAPE CORAL FL 33990 US

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
1434 SE 12th. Ter.	1434 12th. Ter.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cape Coral	City & State: Cape Coral
Zip: 33990 Country: FL.	Zip: 33990 Country: FL.

4. FEI Number 30-0142660 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LANGE, ULLA A
1434 SE 12TH TER
CAPE CORAL FL 33990

7. Name and Address of New Registered Agent

Name: LANGE ULLA
Street Address (P.O. Box Number is Not Acceptable): 1434 SE 12th. Ter.
City: Cape Coral FL Zip Code: 33990

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: [signature] ULLA LANGE — Jan. 29. 2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P,T	☐ Delete
NAME	LANGE, ULLA A	
STREET ADDRESS	1434 SE 12TH TER	
CITY-ST-ZIP	CAPE CORAL, FL 33990	
TITLE	VP,S	☐ Delete
NAME	LANGE, VOLKER	
STREET ADDRESS	1434 SE 12TH TER	
CITY-ST-ZIP	CAPE CORAL, FL 33990	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [signature] ULLA LANGE — Jan. 29. 2006 — 239-458-4226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #