

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000010644

FILED
Jul 23, 2009
Secretary of State

Entity Name: ULTIMATE LEATHER CARE INC.

Current Principal Place of Business:

1917 POMEGRANATE COURT
OCOE, FL 34761

New Principal Place of Business:

2057 RICKOVER PLACE
WINTER GARDEN, FL 34787

Current Mailing Address:

P.O. BOX 1202
OCOE, FL 34761

New Mailing Address:

FEI Number: 42-1572747 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GRIFFITHS, MICHAEL W
1917 POMEGRANATE COURT
OCOE, FL 34761 US

Name and Address of New Registered Agent:

GRIFFITHS, MARY E
2057 RICKOVER PLACE
WINTER GARDEN, FL 34787 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: MARY GRIFFITHS

07/23/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CO () Delete
Name: GRIFFITHS, MARY E
Address: 1917 POMEGRANATE COURT
City-St-Zip: OCOE, FL 34761

Title: P () Delete
Name: GRIFFITHS, MICHAEL
Address: 1917 POMEGRANATE COURT
City-St-Zip: OCOE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CO (X) Change () Addition
Name: GRIFFITHS, MICHAEL W
Address: 2057 RICKOVER PLACE
City-St-Zip: WINTER GARDEN, FL 34787

Title: P (X) Change () Addition
Name: GRIFFITHS, MARY E
Address: 2057 RICKOVER PLACE
City-St-Zip: WINTER GARDEN, FL 34787

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: MARY GRIFFITHS

P

07/23/2009

Electronic Signature of Signing Officer or Director

Date