

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000047067

FILED  
Mar 09, 2005  
Secretary of State

Entity Name: ULMERTON ALLIED ENTERPRISES, INC.

## Current Principal Place of Business:

8195 ULMERTON ROAD  
LARGO, FL 33771

## New Principal Place of Business:

## Current Mailing Address:

8195 ULMERTON ROAD  
LARGO, FL 33771

## New Mailing Address:

FEI Number: 90-0122697

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRINKLEY, LINSTER JR  
2350-N 34TH STREET  
SUITE 110  
ST. PETERSBURG, FL 33713 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: SEC ( ) Delete  
Name: ABSAR, MOHAMMED  
Address: 551 58TH STREET NORTH #11  
City-St-Zip: ST. PETERSBURG, FL 33710

Title: VP ( ) Delete  
Name: AKTER, MOSAMMAT R  
Address: 8195 ULMERTON ROAD  
City-St-Zip: LARGO, FL 33771

Title: PD ( ) Delete  
Name: AKTER, AZIM  
Address: 8195 ULMERTON ROAD  
City-St-Zip: LARGO, FL 33771

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: MASUD, MOHAMMED A  
Address: 8195 ULMERTON ROAD  
City-St-Zip: LARGO, FL 33771

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: AZIM AKTER

PD

03/09/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date