

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90027 043 \*\*\*150.00

<b>DOCUMENT # P03000047067</b> 1. Entity Name ULMERTON ALLIED ENTERPRISES, INC.					
Principal Place of Business 8195 ULMERTON ROAD LARGO, FL 33771			Mailing Address 8195 ULMERTON ROAD LARGO, FL 33771		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 90-0122697	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BRINKLEY, LINSTER JR 2350-N 34TH STREET SUITE 110 ST. PETERSBURG, FL 33713				7. Name and Address of New Registered Agent Name <u>THOMAS J. CARRIGAN</u> Street Address (P.O. Box Number is Not Acceptable) <u>3910 NORTHALAS BLVD SUITE 100</u> City <u>TAMPA</u> FL <u>33624</u>	
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 <u>Thomas J. Carrigan</u> <u>THOMAS J. CARRIGAN</u> <u>3-15-06</u>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ABSAR, MOHAMMED 551 58TH STREET NORTH #11 ST. PETERSBURG, FL 33710	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MASUD, MOHAMMED A 8195 ULMERTON ROAD LARGO, FL 33771	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AKTER, AZIM 8195 ULMERTON ROAD LARGO, FL 33771	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AKTER, AZIM 8195 ULMERTON ROAD LARGO, FL 33771	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AKTER, AZIM 8195 ULMERTON ROAD LARGO, FL 33771	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AKTER, AZIM 8195 ULMERTON ROAD LARGO, FL 33771	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AKTER, AZIM 8195 ULMERTON ROAD LARGO, FL 33771	<input type="checkbox"/> Delete			
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 address, with all other like empowered.					
<b>SIGNATURE:</b> <u>[Signature]</u> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <u>3-15-06</u> Daytime Phone # <u>          </u>					