
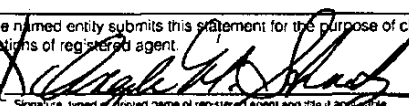
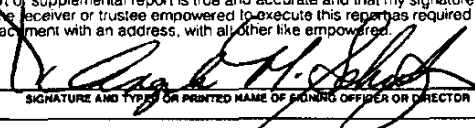


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

6/2/2005-90005-038-\$50.00-\$50.00

<b>DOCUMENT # P03000063437</b>			
1. Entity Name <b>UNIVERSE COLLECTION, INC.</b>			
Principal Place of Business <b>1725 AVENIDA DEL SOL BOCA RATON, FL 33432</b>		Mailing Address <b>1725 AVENIDA DEL SOL BOCA RATON, FL 33432</b>	
2. Principal Place of Business <b>1725 Avenida Del Sol</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Boca Raton, FL</b>		City & State	
Zip <b>33432</b>	Country <b>US</b>	Zip	Country
4. FEI Number <b>54-2113165</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SCHNETZER, ANGELA M 223 NW 41ST AVENUE DEERFIELD BEACH, FL 33442</b>		7. Name and Address of New Registered Agent Name: <b>Angela Schnetzer</b> Street Address (P.O. Box Number is Not Acceptable): <b>223 NW 41 Ave</b> City: <b>Deerfield Beach</b> FL Zip Code: <b>33442</b>	
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: 		DATE	
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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	P SCHNETZER, ANGELA M 223 NW 41ST AVENUE DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		Date Daytime Phone	

FILED  
05 JUN 10 PM 1:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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