

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000076993

FILED
Apr 29, 2005
Secretary of State

Entity Name: ULTIMATE HANDICAPPERS INVITATIONAL INC.

Current Principal Place of Business:

10152 W. INDIANTOWN RD.
SUITE 150
JUPITER, FL 33478

New Principal Place of Business:

Current Mailing Address:

10152 W. INDIANTOWN RD.
SUITE 150
JUPITER, FL 33478

New Mailing Address:

FEI Number: 54-2118138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLO, ROSS
5618 GOLDEN EAGLE CIRCLE
PALM BEACH GARDENS, FL 33418 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: P () Delete
Name: GALLO, ROSS
Address: 5618 GOLDEN EAGLE CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: T () Delete
Name: GALLO, RANDY
Address: 17107 JUPITER FARMS RD.
City-St-Zip: JUPITER, FL 33478

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ROSS GALLO

P

04/29/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date