2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 29, 2007 08:00 AM DOCUMENT # P03000112893 Secretary of State ULTIMATE ACQUISITIONS, INC. Principal Place of Business Mailing Address 1771 PALISADES DR. 1771 PALISADES DR., WEST PALM BEACH, FL 33411 WEST PALM BEACH, FL 33411 02272007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 42-1610669 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STEWART, MICHELLE R DO NOT WRITE 1771 PALISADES DR., WEST PALM BEACH, FL 33411 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME STEWART, MICHELLE R STREET ADDRESS 1771 PALISADES DR., CITY-ST-ZIP WEST PALM BEACH, FL 33411 TITLE NAME STREET ADDRESS CITY+ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby cartify 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 or manattachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Whichele Stund

3-26-07

Daytime Phone #

FILED