


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # P03000139953 1. Entity Name UNIVERSITY ALLIANCE MARKETING GROUP, INC.	
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Principal Place of Business 3501 RIGA BLVD SUITE 200 TAMPA, FL 33619 US	Mailing Address 3501 RIGA BLVD SUITE 200 TAMPA, FL 33619 US
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04192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0422650	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

**STRASCHNOV, GEORGE J ESQ.
3501 RIGA BLVD.
SUITE 200
TAMPA, FL 33619**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR BISK, NATHAN M 3501 RIGA BLVD TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, JOSEPH R 3501 RIGA BLVD TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BISK, MIKE 3501 RIGA BLVD TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GEARY, WILLIAM 3501 RIGA BLVD TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC STRASCHNOV, GEORGE J 3501 RIGA BLVD TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ADRIAN, MARRULLIER 3501 RIGA BLVD TAMPA, FL 33619

U00000761260
05/25/07-80048-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-19-07** Daytime Phone # _____