2007 FOR PROFIT CORPORATION ANNUAL REPORT				FILED Apr 30, 2007 08:00 AM	
1. Entity Nam		U2U549 GN & MAINTENANCE INC		Secretary of State	
Principal Plac 217 E CYPRE DAVENPORT,	ESS ST	Mailing Address P.O. BOX 1077 DAVENPORT, FL 33836			
DO NOT WRITE IN THIS SPACE				& F, O, , , , . , 105 F & 04272007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 20-0654620 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HANSEN, ELIZABETH 217 E CYPRESS ST DAVENPORT, FL 33837			DO NOT WRITE IN THIS SPACE		
the obligat	named entity submits this stater ions of registered agent.	nent for the purpose of changing its registe	red office or registere	d agent, or both, in t	he State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of register	d agent and title if applicable (NOTE: Register	ed Agent signature required	when reinstating)	DATE
	E NOWIII FEE IS \$150.0 ay 1, 2007 Fee will be \$			00 May Be d to Fees	
10. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	OFFICER O HANSEN, ELIZABETH 217 E CYPRESS ST DAVENPORT, FL 33837	AND DIRECTORS	_		U00000746123 05/16/07-80057-010 150.00
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	DO N	
TITLE NAME Street address City-st-zip			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	partific that the information of the second	nd with this filing days not malify for the	vemptions contained	in Chantar 119 Elec	ide Statutes 1 further certify that the information
of the cor	I on this report or supplemental r poration or the receiver or truste				ida Statutes. I further certify that the information f made under oath; that I am an officer or director d that my name appears in Block 10 or Block 11 if XLO3