FILED May 04, 2006 8:00 am Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000029985 1. Entity Name ULTRAIST GROUP INC						05-04-2006 90)254 035 ***150.0	00	
Principal Place of Business 401 3RD AVENUE FAST BRADENTON, FL 34208 Mailing Address 401 3RD AVENUE FAST BRADENTON, FL 34208			-				50018860		
2. Principal Place of Business 4389 Winterherry Ridge Ct. 4389 Winterholds Suite, Apt. #, etc. Suite, Apt. #, etc.				iðge	∠ ∤ . 03282006	Chg-P	CR2E034 (11/05)		
City & State Winston Salen NC Winston Sale			m N	C	4. FEI Numbi	er PPLICABLE		plied For Applicable	
Zip 27/0	Country	Zip 27103 C	USA		5. Certificate	of Status Desired	\$8.75 Add Fee Required		
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
HAPNER, DAVID L 401 3RD AVENUE EAST BRADENTON, FL 34208				Name Mary Rose Cahill Street Address (P.O. Box Nymber is Not Acceptable) 5422 1155. Circle East					
				City Broden ton FL Zip Code 34203					
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 regulared when reinstating) DATE									
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.									
10.	OFFICERS AND DIF		11.			/CHANGES TO OFF	ICERS AND DIRECTORS		
TITLE NAME	S,T HAPNER, DAVID L	☐ Delete	TITLE NAME	5, T	~ 1~ 2 ~	AUIDE	⊠ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	401 3RD AVENUE EAST BRADENTON, FL 34208	I	STREET ADDRESS CITY-ST-ZIP	43	89 Wint	oberry A	2idge Cf. 12 27/03 12 Change		
TITLE	P	☐ Delete	TITLE	P	ر عاورد	rateur 14	☑ Change	☐ Addition	
NAME	DURBAN-HAPNER, MARY C		NAMÉ	Dur	ban-Hap	res, Mary		Ì	
STREET ADDRESS CITY-ST-ZIP	401 3RD AVENUE EAST BRADENTON, FL 34208		STREET ADDRESS CITY-ST-ZIP	43.	~5 box	Salem A	27103		
TITLE		☐ Delote	TITLE		<u></u>		☐ Change	Addition	
NAME STREET ADDRESS	•		NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
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NAME Street address			NAME STORES ADDRESS					İ	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					1	
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME						
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TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP		l	STREET ADDRESS CITY-ST-ZIP			-			
12. I hereby	Lcertify that the information supplied with thi	s filing does not qualify for the	e exemptions c	ontaine	d in Chapter 11	9, Florida Statutes.	I further certify that the in	nformation	
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.									