


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90120 014 \*\*\*150.00

<b>DOCUMENT # P04000037827</b>	
1. Entity Name <b>UNIVERSAL NETWORK ALLIANCE, INC.</b>	

Principal Place of Business <b>4600 TOUCHTON RD EAST BLDG 100 STE 140 JACKSONVILLE, FL 32246</b>	Mailing Address <b>4600 TOUCHTON RD EAST BLDG 100 STE 140 JACKSONVILLE, FL 32246</b>
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**20027337**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02192005 Chg-P CR2E034 (10/03)

4. FEI Number <b>06-17178-11</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>LASTER-SMITH, LUREEN 8168 CORALBERRY LN JACKSONVILLE, FL 32244</b>		7. Name and Address of New Registered Agent Name <b>Laster-Smith Lureen</b> Street Address (P.O. Box Number is Not Acceptable) <b>6001-21 ARGYLE FOREST BLVD STE 357</b> City <b>Jacksonville</b> FL Zip Code <b>32244</b>	
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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 *Lureen Smith* DATE **4-4-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LASTER-SMITH, LUREEN 8168 CORALBERRY LN JACKSONVILLE, FL 32244</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SMITH, DEXTER 8168 CORALBERRY LN JACKSONVILLE, FL 32244</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Lureen Smith* **LUREEN L. SMITH** DATE **4-4-05** DAYTIME PHONE # **904 504 6612**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR