

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000050345

Entity Name: ULYSSE THERAPY, INC.

FILED
Mar 02, 2005
Secretary of State

Current Principal Place of Business:

11010 JEWEL BOX LANE
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

11010 JEWEL BOX LANE
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 20-0894234

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STED, ULYSSE
11010 JEWEL BOX LANE
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HICKEY-ULYSSE, TENEKA
Address: 11010 JEWEL BOX LANE
City-St-Zip: TAMARAC, FL 33321

Title: V () Delete
Name: ULYSSE, STED
Address: 11010 JEWEL BOX LANE
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HICKEY-ULYSSE, TENEKA
Address: 11010 JEWEL BOX LANE
City-St-Zip: TAMARAC, FL 33321

Title: D (X) Change () Addition
Name: ULYSSE, STED
Address: 11010 JEWEL BOX LANE
City-St-Zip: TAMARAC, FL 33321

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STED ULYSSE

D

03/02/2005

Electronic Signature of Signing Officer or Director

Date