

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


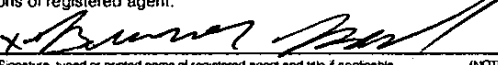
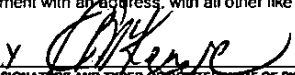
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05 MAY 24 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05112005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P04000083738</b>			
1. Entity Name ULTIMATE COMMUNICATIONS & PAYMENTS, INC.			
Principal Place of Business 1032 NW 9TH AVE. FT. LAUDERDALE, FL 33311		Mailing Address 1032 NW 9TH AVE. FT. LAUDERDALE, FL 33311	
2. Principal Place of Business 1032 NW 9TH AVE #12 Suite, Apt. #, etc.		3. Mailing Address <del>1032 NW 9TH AVE</del> 1032 NW 9TH AVE Suite, Apt. #, etc. 2	
City & State FT. LAUDERDALE Zip 33311 Country USA		City & State FT. LAUDERDALE FL Zip 33311 Country USA	
4. FEI Number 42-1637363		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCKENZIE, CRAGE F 1032 NW 9TH AVE. FT. LAUDERDALE, FL 33311		7. Name and Address of New Registered Agent Name NOEL BRUNER Street Address (P.O. Box Number is Not Acceptable) 1032 NW 9TH AVENUE; UNIT-2 City FT. LAUDERDALE FL Zip Code 33311	
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  DATE 5/11/05 (NOTE: Registered Agent signature required when reconstituting)			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKENZIE, CRAGE F 1032 NW 9TH AVE. FT. LAUDERDALE, FL 33311 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT NOEL BRUNER 1032 NW 9TH AVE # 2 FT. LAUDERDALE, FL 33311 <input type="checkbox"/> Change <input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	05/25/05--01012--020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 000055337320 05/25/05--01012--020 **150.00
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	address incorrect Notice Not Received
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: 		Date 5/11/05 (54) 246-6503 Daytime Phone #	