

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000094640

Entity Name: U.G. SPECIALIST, INC

FILED
Nov 15, 2005
Secretary of State

Current Principal Place of Business:

15150 ORANGE AVE
FORT PIERCE, FL 34945

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 881342
PORT SAINT LUCIE, FL 34988

New Mailing Address:

FEI Number: 20-1294589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON, WILLIAM
15150 ORANGE AVE.
FORT PIERCE, FL 34945 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

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: JACKSON, WILLIAM
Address: PO BOX 881342
City-St-Zip: PORT SAINT LUCIE, FL 34988

Title: PRES (X) Delete
Name: GAMBINO, JOSEPH
Address: PO BOX 881342
City-St-Zip: PORT SAINT LUCIE, FL 34988

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GAMBINO, JOSEPH
Address: PO BOX 881342
City-St-Zip: PORT SAINT LUCIE, FL 34988

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSEPH GAMBINO

PRES

11/15/2005

Electronic Signature of Signing Officer or Director

Date