2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 10, 2006 8:00 am Secretary of State

ANNUAL REPORT																				
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04-10-2006 90335 050 ***150.00 DOCUMENT # P04000113603 1. Entity Name ULTRA STAR SALES, INC Mailing Address Principal Place of Business 50010675 2301 SW FREEMAN STREET 2301 SW FREEMAN STREET PORT ST.LUCIE, FL 34953 PORT ST.LUCIE, FL 34953 3. Mailing Address 2. Principal Place of Business Acq pulco Ter 717 SW ACQ pulco Ter 04052006 CR2E034 (11/05) Chq-P 4, FEI Number Applied For Port S+ Lucie 20-1450163 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Blattstein BLATTSTEIN, STEVEN A Street Address (P.O. Box Number is Not Acceptable) 2301 SW FREEMAN STREET PORT ST.LUCIE, FL 34953 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. of registered apent and title if applicable (NOTE, Registered Agent signature required when reinstativo) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Delete TITLE TITLE BLATTSTEIN, STEVEN A NAME NAME Big++stein, Steven STREET ADDRESS STREET ADDRESS 2301 SW FREEMAN STREET PORT ST.LUCIE, FL 34953 CITY - ST - ZIP CITY - ST - ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY SI ZIP CHY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST ZIP Delete THE ☐ Chance TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY - ST-ZIP ☐ Delete HILL ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CiTY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 attact prent with an address, with all other like empowered. SIGNATURE: IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone