

2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 29, 2005
Secretary of State**

DOCUMENT# P04000130339

Entity Name: UNIVERSAL MORTGAGE ADVISORS, INC

Current Principal Place of Business:

800 N MAGNOLIA AVE
SUITE 210
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

800 N MAGNOLIA AVE
SUITE 210
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 20-1666870 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA INCORPORATOR
2730 WHITE SANDS DRIVE
SUITE 3-A
SARASOTA, FL 34231 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KAKEYERE, STEPHEN O
Address: 800 N MAGNOLIA AVE - SUITE 210
City-St-Zip: ORLANDO, FL 32803 US

Title: S () Delete
Name: KAKEYERE, JACQUELINE
Address: 800 N MAGNOLIA AVE - SUITE 210
City-St-Zip: ORLANDO, FL 32803 US

Title: T () Delete
Name: DOGHOR, JOSHUA O
Address: 800 N MAGNOLIA AVE - SUITE 210
City-St-Zip: ORLANDO, FL 32803 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: STEPHEN O KAKEYERE

DP

06/29/2005

Electronic Signature of Signing Officer or Director

_____ Date