


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90209 002 \*\*\*150.00

<b>DOCUMENT # P04000153518</b>	
1. Entity Name <b>UNIVERSAL ENGINEERING CONSTRUCTION, INC.</b>	

Principal Place of Business <b>20400 CALDER AVENUE PORT CHARLOTTE, FL 33954</b>	Mailing Address <b>20400 CALDER AVENUE PORT CHARLOTTE, FL 33954</b>
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**60034653**

2. Principal Place of Business <b>394 Azui St</b>	3. Mailing Address <b>394 Azui St</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Punta Gorda, FL</b>	City & State <b>Punta Gorda, FL</b>
Zip <b>33983</b>	Zip <b>33983</b>
Country <b>Charlotte</b>	Country <b>Charlotte</b>



03102006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-1859117</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>INGLE, JOSHUA J 20400 CALDER AVENUE PORT CHARLOTTE, FL 33954</b>	7. Name and Address of New Registered Agent Name <b>Roxanna Ingle</b> Street Address (P.O. Box Number is Not Acceptable) <b>394 Azui St.</b> City <b>Punta Gorda, FL</b> Zip Code <b>33983</b>
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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 <b>Roxanna Ingle</b> Signature, typed or printed name of registered agent and title if applicable.	DATE <b>4/30/06</b> (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PSTD INGLE, JOSHUA J 20400 CALDER AVENUE PORT CHARLOTTE, FL 33954</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PSTD Joshua Ingle 394 Azui St. Punta Gorda, FL 33983</b> <input checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

12. I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.

SIGNATURE <b>Joshua Ingle</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <b>4/30/06</b> Date	DAYTIME PHONE <b>(941) 743-2049</b> Daytime Phone #
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