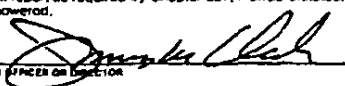


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 21, 2006 8:00 am
Secretary of State

04-10-2006 90317 033 ***150.00

DOCUMENT # P05000004472					
1. Entry Name JAMES M. UHRICH ENTERPRISES, INC.					
Principal Place of Business 2150 DIAMOND CT OLDSMAR, FL 34677-1947			Mailing Address 2150 DIAMOND CT OLDSMAR, FL 34677-1947		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEL Number 20-827191141812			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent UHRICH, JAMES M 2150 DIAMOND CT OLDSMAR, FL 34677-1947			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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 _____ (PRINT NAME OF REGISTERED AGENT)					
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME		TITLE	NAME	
NAME	STREET ADDRESS		NAME	STREET ADDRESS	
CITY- ST- ZIP	CITY- ST- ZIP		CITY- ST- ZIP	CITY- ST- ZIP	
	☐ Delete			☐ Change ☐ Addition	
TITLE	NAME		TITLE	NAME	
NAME	STREET ADDRESS		NAME	STREET ADDRESS	
CITY- ST- ZIP	CITY- ST- ZIP		CITY- ST- ZIP	CITY- ST- ZIP	
	☐ Delete			☐ Change ☐ Addition	
TITLE	NAME		TITLE	NAME	
NAME	STREET ADDRESS		NAME	STREET ADDRESS	
CITY- ST- ZIP	CITY- ST- ZIP		CITY- ST- ZIP	CITY- ST- ZIP	
	☐ Delete			☐ Change ☐ Addition	
TITLE	NAME		TITLE	NAME	
NAME	STREET ADDRESS		NAME	STREET ADDRESS	
CITY- ST- ZIP	CITY- ST- ZIP		CITY- ST- ZIP	CITY- ST- ZIP	
	☐ Delete			☐ Change ☐ 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: <u>James M. Uhrich</u>  3-11-06 ^{727 235 1565}					