

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90027 017 \*\*\*150.00

40047434



03082008 Chg-P CR2E034 (12/06)

4. FEI Number **16-171725** Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

DOCUMENT # P05000021305  
 1. Entity Name  
 UK TEAM, INC.



Principal Place of Business Mailing Address  
 5205 SARASOTA COURT 5205 SARASOTA COURT  
 CAPE CORAL, FL 33904 US CAPE CORAL, FL 33904 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

**6. Name and Address of Current Registered Agent**

MANSSON, JEAN  
 5205 SARASOTA COURT  
 CAPE CORAL, FL 33904

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	SOUTHGATE, HOWARD	
STREET ADDRESS	5205 SARASOTA COURT	
CITY-STATE-ZIP	CAPE CORAL, FL 33904	
TITLE	TRES	<input type="checkbox"/> Delete
NAME	SOUTHGATE, MARY E	
STREET ADDRESS	5205 SARASOTA COURT	
CITY-STATE-ZIP	CAPE CORAL, FL 33904	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHIPPERLEE, DEBORAH A	
STREET ADDRESS	5205 SARASOTA COURT	
CITY-STATE-ZIP	CAPE CORAL, FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	MILLHAVEN 37 PARK AVENUE	
CITY-STATE-ZIP	HUTTON ESSEX CM132QP United Kingdom	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	MILLHAVEN 37 PARK AVENUE	
CITY-STATE-ZIP	HUTTON ESSEX CM132QP United Kingdom	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	THE HAVEN SEAVREW ROAD	
CITY-STATE-ZIP	WICKLOW CO. WICKLOW REPUBLIC OF IRELAND	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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: *[Signature]* 03/14/08 239 549 4992  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #