


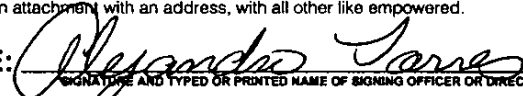


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-10-2006 90339 011 \*\*\*150.00

<b>DOCUMENT # P05000042089</b> 1. Entity Name <b>UNIQUE DESIGNS &amp; PERFORMANCE, INC.</b>					
Principal Place of Business P.O. BOX 6684 BRANDON, FL 33508 US			Mailing Address P.O. BOX 6684 BRANDON, FL 33508 US		
2. Principal Place of Business <b>4314 E 7th Ave</b> Suite, Apt. #, etc. <b>B</b> City & State <b>Tampa, FL</b> Zip <b>33605</b> Country <b>Hillsborough</b>		3. Mailing Address <b>PO Box 6684</b> Suite, Apt. #, etc. City & State <b>Brandon, FL</b> Zip <b>33508</b> Country <b>Hillsborough</b>			
					
02202006 Chg-P CR2E034 (11/05)		4. FEI Number <b>20-2536199</b> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>RIVERVIEW TAX &amp; MORTGAGE, INC.</b> <b>7039 US HWY 301 SOUTH</b> <b>RIVERVIEW, FL 33569</b>			7. Name and Address of New Registered Agent Name <b>Alejandro Torres</b> Street Address (P.O. Box Number is Not Acceptable) <b>4314 E 7th Ave #B</b> City <b>Tampa</b> FL Zip Code <b>33605</b>		
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 <b>4/6/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TORRES, ALEJANDRO</b> <b>P.O. BOX 6684</b> <b>BRANDON, FL 33508</b> <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	
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: 			Date <b>4/6/06</b> (813) 508-2675		