

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000062628

FILED
Apr 27, 2006
Secretary of State

Entity Name: ULTRALIFE SUPPORT COORDINATION, INC.

Current Principal Place of Business:

8250 SW 5TH ST
N LAUDERDALE, FL 33068

New Principal Place of Business:

5800 S. SABLE CIRCLE
MARGATE, FL 33063

Current Mailing Address:

8250 SW 5TH ST
N LAUDERDALE, FL 33068

New Mailing Address:

5800 S. SABLE CIRCLE
MARGATE, FL 33063

FEI Number: 83-0428424

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILDS-SYLVAIN, KAREN
8250 SW 5TH ST
N LAUDERDALE, FL 33068 US

Name and Address of New Registered Agent:

WILDS-SYLVAIN, KAREN
5800 S. SABLE CIRCLE
MARGATE, FL 33063 US

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: KAREN WILDS-SYLVAIN

04/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILDS-SYLVAIN, KAREN
Address: 8250 SW 5TH ST
City-St-Zip: N LAUDERDALE, FL 33068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WILDS-SYLVAIN, KAREN
Address: 5800 S. SABLE CIRCLE
City-St-Zip: MARGATE, FL 33063

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: KAREN WILDS-SYLVAIN

D

04/27/2006

Electronic Signature of Signing Officer or Director

Date