
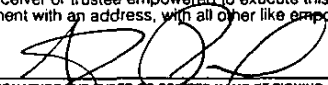


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90011 031 \*\*\*150.00

<b>DOCUMENT # P05000113639</b> 1. Entity Name <b>UNIVERSAL CAPITAL SERVICES, INC.</b>					
Principal Place of Business <b>301 YAMATO RD SUITE 1245 BOCA RATON, FL 33431</b>			Mailing Address <b>9976 MARSALA WAY DELRAY BEACH, FL 33446</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>23-3019068</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>PICKER, ALEXANDER 9979 MARSALA WAY DELRAY BEACH, FL 33446</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<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 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST PICKER, ALEXANDER 9979 MARSALA WAY DELRAY BEACH, FL 33446</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	
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.					
<b>SIGNATURE:</b> 			Date <b>3/8/06</b> Daytime Phone # <b>800-551-2015</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

# ATTACHMENT

RATNER • GOODMAN • LIMOR • LYNN & ASSOCIATES, LLP

CERTIFIED PUBLIC ACCOUNTANTS AND BUSINESS ADVISORS

Universal Capital Services, Inc.

40034344  
# 705000113639

## TAX RETURN FILING INSTRUCTIONS

Enclosed are the original and one copy of the 2006 For Profit Corporation  
Annual Report for 2006. The copy is for your records.

The original should be signed and dated by:

( ) Taxpayer ( ) Taxpayer & Spouse (☒ ) Partner or Officer of Company

And mailed (postmark date) on or before April 30, 2006 to:

Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

☒ A check payable to Florida Department of State in the amount of  
\$ 150 should be attached. Please indicate your appropriate identifying  
number 23-3019068 on your check.

( ) The total overpayment is \$ \_\_\_\_\_, of which  
( ) \$ \_\_\_\_\_ will be refunded.  
( ) \$ \_\_\_\_\_ will be applied to your \_\_\_\_\_ Estimated Tax.

( ) No remittance is required.

( ) In addition to the above, **Estimated Tax Payments** for the year ending \_\_\_\_\_  
are required. A check payable to \_\_\_\_\_ should be attached to  
each of the following vouchers on their respective due dates. Please indicate  
appropriate Identification Number \_\_\_\_\_ on your check.

<u>Voucher number</u>	<u>Date</u>	<u>Amount</u>
1	_____	\$ _____
2	_____	\$ _____
3	_____	\$ _____
4	_____	\$ _____

SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_