

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000016669

FILED  
May 01, 2009  
Secretary of State

Entity Name: ULTIMATE ENVIRONMENTAL SOLUTIONS INC.

## Current Principal Place of Business:

815 MABBETTE ST  
ORLANDO, FL 34741

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 593814  
ORLANDO, FL 32859

## New Mailing Address:

FEI Number: 20-4324668

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KARLIC, SUSAN  
815 MABBETTE ST  
ORLANDO, FL 34741 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: AMADOR, ANIA M  
Address: 5286 JADE CIRCLE  
City-St-Zip: ORLANDO, FL 32812

Title: VST ( ) Delete  
Name: AMADOR, HEATHER A  
Address: 5286 JADE CIRCLE  
City-St-Zip: ORLANDO, FL 32812

Title: V (X) Delete  
Name: SABIO, DILCIA  
Address: 122 VARIETY TREE CIR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: CEO ( ) Delete  
Name: PARRISH, HEATHER  
Address: 122 VARIETY TREE CIR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: CFO ( ) Delete  
Name: KARLIC, SUSAN  
Address: 815 MABBETTE ST  
City-St-Zip: ORLANDO, FL 34741

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ANIA AMADOR

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date