

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000068620

Entity Name: ULTIMATE TECH SOLUTIONS INC.

FILED
Feb 05, 2008
Secretary of State

Current Principal Place of Business:

905 CLINT MOORE
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

905 CLINT MOORE
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 20-4984811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMMOND, ROBERT A
450 SOUTH MAYA PALM
BOCA RATON, FL 33432 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAMMOND, ROBERT A CEO
Address: 905 CLINT MOORE
City-St-Zip: BOCA RATON, FL 33487

Title: T () Delete
Name: JENNETTE, RICHARD J CFO
Address: 905 CLINT MOORE ROAD
City-St-Zip: BOCA RATON, FL 33487 US

Title: VP () Delete
Name: TOLLEY, BRIAN CIO
Address: 905 CLINT MOORE ROAD
City-St-Zip: BOCA RATON, FL 33487 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: HAMMOND, ROBERT A
Address: 905 CLINT MOORE
City-St-Zip: BOCA RATON, FL 33487

Title: CFO (X) Change () Addition
Name: SIGRID, HUBER M
Address: 905 CLINT MOORE ROAD
City-St-Zip: BOCA RATON, FL 33487 US

Title: P (X) Change () Addition
Name: TOLLEY, BRIAN
Address: 905 CLINT MOORE ROAD
City-St-Zip: BOCA RATON, FL 33487 US

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: SIGRID HUBER

CFO

02/05/2008

Electronic Signature of Signing Officer or Director

_____ Date