


FILED  
Jun 27, 2007 8:00 am  
Secretary of State

04-27-2007 90203 038 \*\*\*150.00

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # P06000082477</b>			
1. Entity Name <b>UB PLUS CORPORATION</b>			
Principal Place of Business <b>PMB #306 1784 N. CONGRESS AV. W. PALM BEACH, FL 33409</b>		Mailing Address <b>PMB #306 1784 N. CONGRESS AV. W. PALM BEACH, FL 33409</b>	
2. Principal Place of Business - No P.O. Box # <b>PMB#306 N- CONGRESS</b>		3. Mailing Address <b>PMB#306 N- CONGRESS AV.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>W- PALM BEACH, FL</b>		City & State <b>W- PALM BEACH FL</b>	
Zip <b>FL 33409</b>		Zip <b>33409</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>562598670</b>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>COLINET, DANACK PMB #306 1784 N. CONGRESS AV. W. PALM BEACH, FL 33409</b>		7. Name and Address of New Registered Agent <b>COLINET, DANACK PMB#306 1784 N- CONGRESS AV. W. PALM BEACH FL 33409</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 _____ (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	C COLINET, DANACK 1607 QUAIL DR. APT. C-210 W. PALM BEACH, FL 33409 <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	VC LOUISSAINT, MILOT 1600 STONE HAVEN DR. #5 BOYTON BEACH, FL 33409 <input checked="" 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	PCEO MARGENAT, ENOUCHE 5724 JUDD FALLS RD LAKE WORTH, FL 33463 <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	S CHARLES, EDDY 1708 17TH WAY W. PALM BEACH, FL 33407 <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	AS GENEUS, GARRY 6142 BLUE GRASS CIR. LAKE WORTH, FL 33463 <input checked="" 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	T SIMEON, ROBERT 580 EXECUTIVE CENTER DR. APT 205 W. PALM BEACH, FL 33401 <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: _____		4/23/07 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			