

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90018 029 ***158.75

DOCUMENT # P06000114657 1. Entity Name UST OPPORTUNITY CORPORATION			
Principal Place of Business 5211 INTERNATIONAL DR C/O ESTEIN & ASSOCIATES USA, LTD ORLANDO, FL 32819		Mailing Address 5211 INTERNATIONAL DR C/O ESTEIN & ASSOCIATES USA, LTD ORLANDO, FL 32819	
2. Principal Place of Business - No P.O. Box # Estein & Associates USA Ltd. 4705 S. Apopka Vineland Road Suite 201 Orlando, Fla. 32819		3. Mailing Address Estein & Associates USA Ltd. 4705 S. Apopka Vineland Road Suite 201 Orlando, Fla. 32819	
4. FEI Number 20-5490372		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ESTEIN, LOTHAR 5211 INTERNATIONAL DR C/O ESTEIN & ASSOCIATES USA, LTD ORLANDO, FL 32819		7. Name and Address of New Registered Agent N Estein, Lothar S 4705 S. Apopka Vineland Road Suite 201 Orlando, Fla. 32819 C	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	D ESTEIN, LOTHAR 5211 INTERNATIONAL DR ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Estein, Lothar 4705 S. Apopka Vineland Road, Suite 201 Orlando, FL 32819 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 2/12/08 (407) 909-2200 <small>Daytime Phone #</small>	