


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P33988</b>		
1. Entity Name UNIVERSAL CORPORATE ADMINISTRATORS, INC.		
Principal Place of Business 520 PARK AVE A-304 BALTIMORE, MD 21201		Mailing Address 520 PARK AVE A-304 BALTIMORE, MD 21201
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
		U00000513569 04/29/06-80133-018 150.00
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	WALKER, EDWARD H III	
STREET ADDRESS	520 PARK AVE.	
CITY - ST - ZIP	BALTIMORE, MD 21201	
TITLE	VPD	
NAME	MCCONNELL, MARTHA A	
STREET ADDRESS	520 PARK AVE.	
CITY - ST - ZIP	BALTIMORE, MD 21201	
TITLE	SD	
NAME	EUBANKS, MICHAEL A	
STREET ADDRESS	520 PARK AVE	
CITY - ST - ZIP	BALTIMORE, MD 21201	
TITLE	T	
NAME	MCCONELL, MARTHA	
STREET ADDRESS	520 PARK AVE	
CITY - ST - ZIP	BALTIMORE, MD 21201	
TITLE	AT	
NAME	PETERS, SUSAN	
STREET ADDRESS	520 PARK AVE	
CITY - ST - ZIP	BALTIMORE, MD 21201	
TITLE	VP	
NAME	GIZINSKI, COLLEEN	
STREET ADDRESS	520 PARK AVE.	
CITY - ST - ZIP	BALTIMORE, MD 21201	
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: <u>Michael A. Eubanks</u>		4/12/06 410-209-5495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #