


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2008 08:00 AM
Secretary of State

DOCUMENT # P33988	
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
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DO NOT WRITE IN THIS SPACE

05072008 No Chg-P CR2E034 (11/05)

4. FEI Number 42-1334744	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALKER, EDWARD H III 520 PARK AVE. BALTIMORE, MD 21201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCCONNELL, MARTHA A 520 PARK AVE. BALTIMORE, MD 21201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EUBANKS, MICHAEL A 520 PARK AVE BALTIMORE, MD 21201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCONELL, MARTHA 520 PARK AVE BALTIMORE, MD 21201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT PETERS, SUSAN 520 PARK AVE BALTIMORE, MD 21201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GIZINSKI, COLLEEN 520 PARK AVE. BALTIMORE, MD 21201

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06/04/08-80049-011 550.00

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: Michael A. Eubanks 5-9-08 410-209-5485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #