2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P33988

1. Entity Name

UNIVERSAL CORPORATE ADMINISTRATORS, INC.



Principal Place of Business

520 PARK AVE

A-304

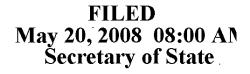
BALTIMORE, MD 21201

Mailing Address

520 PARK AVE

A-304

BALTIMORE, MD 21201





05072008

No Chg-P

CR2E034 (11/05)

4. FEI Number 42-1334744

Applied For Not Applicable

5. Certificate of Status Desired

\$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

	e named entity submits this statement for the tions of registered agent.	e purpose of changing its r	registered office o	r registered agent, or both, in th	ne State of Florida. I am familiar with, and accep	t
SIGNATURE.						
	Signature, typed or printed name of registered agent and to	itle if applicable. (NOTE:	Registered Agent signal	ura required when reinstating)	DATE	
FILE NOWIII FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND DIRECTORS					
TITLE	Р					
NAME	WALKER, EDWARD H III				unn000951761 ccn	_
070007 4000000	COO DADIZ AVE		1		100000000000000000000000000000000000000	П

CITY-ST-ZIP BALTIMORE, MD 21201 TITLE NAME MCCONNELL, MARTHA A STREET ADDRESS 520 PARK AVE. BALTIMORE, MD 21201 CITY-ST-ZIP TITLE EUBANKS, MICHAEL A NAME STREET ADDRESS 520 PARK AVE BALTIMORE, MD 21201 TITLE MCCONELL, MARTHA NAME STREET ADDRESS 520 PARK AVE BALTIMORE, MD 21201 CITY-ST-ZIP TITLE PETERS, SUSAN NAME STREET ADDRESS 520 PARK AVE CITY-ST-ZIP BALTIMORE, MD 21201 TITLE NAME GIZINSKI, COLLEEN STREET ADDRESS 520 PARK AVE. BALTIMORE, MD 21201

U00000951761 06/04/09-80049-011 550.0

DO NOT WRITE IN THIS SPACE

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

5-9-08

410-209-5485

Date

Daytime Phone #