2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2005 08:00 AM Secretary of State DOCUMENT # P93000004204 1. Entity Name ULMERTON ENTERPRISES, INC. Mailing Address Principal Place of Business 2325 ULMERTON RD. 2325 ULMERTON RD. SUITE 20 SUITE 20 US CLEARWATER, FL 34622 CLEARWATER, FL 34622 01282005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3160333 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BULLARD, FRED B JR. DO NOT WRITE 2325 ULMERTON ROAD SUITE 20 IN THIS SPACE CLEARWATER, FL 33762 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DST TMF BULLARD, KAROL K NAME 2325 ULMERTON ROAD, SUITE 20 STREET ADDRESS U00000338845 CLEARWATER, FL CITY-ST-ZIP 04/28/05-80050-016 15n.nn TITLE BULLARD, FRED B JR. NAME 2325 ULMERTON ROAD, #20 STREET ADDRESS CLEARWATER, FL 33762 CITY-SY-ZIP TITLE VΡ MORRIS, GREG NAME 2325 ULMERTON RD STE 20 STREET ADDRESS DO NOT WRITE CLEARWATER, FL 33762 CITY - ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 any address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05

127.576.6424

FILED

Daytime Phone #