
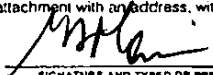


FILED
Mar 01, 2007 8:00 am
Secretary of State

02-05-2007 90108 010 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000004204		
1. Entity Name ULMERTON ENTERPRISES, INC.		
Principal Place of Business 2325 ULMERTON RD. SUITE 20 CLEARWATER, FL 34622 US	Mailing Address 2325 ULMERTON RD. SUITE 20 CLEARWATER, FL 34622 US	
DO NOT WRITE IN THIS SPACE		
		01032007 No Chg-P CR2E034.(11/05)
4. FEI Number 59-3160333		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
8. Name and Address of Current Registered Agent		
BULLARD, FRED B JR. 2325 ULMERTON ROAD SUITE 20 CLEARWATER, FL 33762		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 revoking) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DST BULLARD, KAROL K 2325 ULMERTON ROAD, SUITE 20 CLEARWATER, FL	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BULLARD, FRED B JR. 2325 ULMERTON ROAD, #20 CLEARWATER, FL 33762	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP MORRIS, GREG 2325 ULMERTON RD STE 20 CLEARWATER, FL 33762	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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: 		2/22/07 727-576-6424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone