


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90148 036 ***158.75

DOCUMENT # P93000036770					
1. Entity Name UNIVERSAL SYSTEM TECHNOLOGIES, INC.					
Principal Place of Business 2500 W. LAKE MARY BLVD. SUITE 212 LAKE MARY FL 32746 US		Mailing Address 2500 W. LAKE MARY BLVD. SUITE 212 LAKE MARY FL 32746 US			
2. Principal Place of Business 1307 S INTERNATIONAL PKWY Suite, Apt. #, etc. SUITE 1051 City & State LAKE MARY, FL Zip 32746 Country U.S.A.		3. Mailing Address 1307 S INTERNATIONAL PKWY Suite, Apt. #, etc. SUITE 1051 City & State LAKE MARY, FL Zip 32746 Country U.S.A.			
		4. FEI Number 59-3186646		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SINGH, RAMAKANT 3280 OAKMONTE TERRACE LONGWOOD FL 32779			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 re-instating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO PRASAD, SANJAY 1515 CHARLEVOIS DR. TROY MI 48085	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SINGH, RAMAKANT 3280 OAKMONTE TERRACE LONGWOOD FL 32779	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____

4/14/06 407-688-0065