2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006
Secretary of State

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Entity Name: UNIVERSAL GAP PLAN, INC.

Current Principal Place of Business:

2090 PALM BEACH LAKES BLVD
#200
WEST PALM BCH, FL 33409 US

New Principal Place of Business:

2000 PALM BEACH LAKES BLVD
#301
WEST PALM BCH, FL 33409 US

Current Mailing Address:

2090 PALM BEACH LAKES BLVD
#200
WEST PALM BEACH, FL 33409 US

New Mailing Address:

2000 PALM BEACH LAKES BLVD
#301
WEST PALM BEACH, FL 33409 US

FEI Number: 65-0551761 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TANEN, JEFFREY S
GOLDSTEIN & TANEN, P.A.
2 SOUTH BISCAYNE BLVD., SUITE 3250
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: COLLINS, HARRY
Address: 2235 OKEECHOBEE BLVD.
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D ( ) Delete
Name: SOTHEN, JULIE
Address: 2235 OKEECHOBEE BLVD
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D ( ) Delete
Name: DEAN, PATRICIA B.
Address: 2235 OKEECHOBE BLVD
City-St-Zip: WEST PALM BEACH, FL

Title: D ( ) Delete
Name: BARKMAN, MICHELE
Address: 2090 PALM BEACH LAKES BLVD, UNIT 200
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BARKMAN, MICHELE
Address: 2000 PALM BEACH LAKES BLVD, #301
City-St-Zip: WEST PALM BEACH, FL 33409

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE BARKMAN D 03/13/2006
Electronic Signature of Signing Officer or Director Date