2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000003858

Entity Name

UNIVERSAL CHECKS & FORMS, INC.



Principal Place of Business

744 N. HIGHLAND AVE ORLANDO, FL 32803 US Mailing Address

744 N HIGHLAND AVE ORLANDO, FL 32803

US

FILED Jan 16, 2008 08:00 Al Secretary of State



DO NOT WRITE IN THIS SPACE

01112008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3288241

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBBINS, ROGER 800 N HIGHLAND AVE #100 ORLANDO, FL 32803

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.

STREET ADDRESS

CITY-ST-ZIP

10. TITLE NAME Signature, typed or printed name of registered agent and litle if applicable.

OFFICERS AND DIRECTORS

(NOTE Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

ROBBINS, ROGER A

ORLANDO, FL 32823

12636 LAKE MARY JANE RD

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

01/17/08-80014-013 150.00

DO NOT WRITE

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TETL F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 bue 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 employee of 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 object we employee ed.

SIGNATURE

IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-08 407-425-328